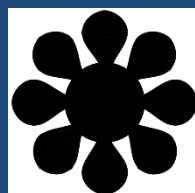


2022

Hardin County

Community Health Assessment



Mental Health &
Recovery Services
Board of Allen,
Auglaize, and
Hardin Counties



Examining the health of Hardin County

Released on October 12, 2023

FOREWORD

The members of the Hardin County Community Assessment Advisory Committee are pleased to present the 2022 Assessment of our Community. This comprehensive Community Health Assessment (CHA) is the result of a strong commitment by the Kenton Hardin Health Department and dedicated community partners to work together to improve the health and well-being of residents of Hardin County.

The assessment provides a snapshot of Hardin County communities, as well as our state and nation. The data presented in this report will provide valuable information to develop strategies that focus on wellness, access to care, and unmet community needs. It will provide additional insight into our community structure in the areas of health and well-being.

Through collaboration with The Hospital Council of Northwest Ohio and public health researchers at the University of Toledo, every effort has been made to assure that this report contains valid and reliable data. This health assessment follows the study conducted in Hardin County in 2018; continuing assessments will be conducted every 3 to 5 years. This will allow Kenton Hardin Health Department, community partners, and agencies to determine trends and priorities to be addressed.

As we review the results of this assessment, the Hardin County Community Health Advisory Committee will continue to work collaboratively to identify unmet needs in our community, coordinate resources, and strive to initiate quality programs to improve the health and well-being of our residents. We hope this report will be valuable to you as you strive to improve the quality of life in Hardin County.

Sincerely,

The Hardin County Community Assessment Advisory Committee

ACKNOWLEDGEMENTS

This report has been funded by:

Kenton Hardin Health Department
Mental Health and Recovery Services of Allen, Auglaize, and Hardin Counties
Hardin County Family and Children First Council
Ohio Northern University College of Pharmacy
OhioHealth Hardin Memorial Hospital
Hardin County Commissioners
Kenton Moose Family Center
HHWP (Hancock, Hardin, Wyandot, and Putnam Counties), Community Action Commission
Maxline Express Inc.
Universal Home Health and Hospice

This report has been commissioned by the Hardin County Community Needs Assessment Advisory Committee:

Area 3 Agency on Aging
Blanchard Place
Buckeye Ridge Habitat for Humanity of Marion, Morrow, Wyandot, and Hardin Communities
Coleman Professional Services
Community Health Professionals
Family Resource Center
Hardin Co. Ohio State University Extension Family and Consumer Sciences
Hardin County Board of Developmental Disabilities
Hardin County Chamber and Business Alliance
Hardin County Commissioners
Hardin County Council on Aging
Hardin County Emergency Management Association
Hardin County Family and Children First Council
Hardin County Juvenile Court/Lifeworks-Hardin Community School
Hardin County Office, North Central Ohio Chapter
American Red Cross
Hardin Hills Health Center
Hardin Northern Schools
Health Partners of Western Ohio (Kenton Community Health Center)

Heartbeat of Hardin County
HHWP Community Action Commission Head Start and Women, Infants, and Children
Kenton City Schools
Kenton Hardin Health Department
Kenton Nursing and Rehabilitation
Lighthouse Behavioral Health Solutions
Mary Rutan Health System and Foundation
Mental Health and Recovery Services of Allen, Auglaize, and Hardin Counties
Midwest Regional Educational Service Center
Ohio Northern University Colleges of Nursing, Pharmacy, and Social Sciences
OhioHealth Hardin Memorial Hospital
Prevention Awareness Support Services (formerly Partnership for Violence Free Families)
Quest Federal Credit Union
Ridgemont Schools
Township Trustees
Universal Home Health and Hospice
Upper Scioto Valley Schools
WINGS Support and Recovery

Project Management, Secondary Data, Data Collection, and Report Development Hospital Council of Northwest Ohio

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)3 non-profit regional hospital association located in Toledo, Ohio. They facilitate community health assessments and planning processes in 50+ counties in Ohio, Michigan, and Oregon. Since 2004, they have used a process that can be replicated in any county that allows for comparisons from county to county, within the region, the state, and the nation. HCNO works with coalitions in each county to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. All HCNO project staff have their master's degree in public health, with emphasis on epidemiology, policy, and health education.

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The 2022 Hardin County Health Assessment is available on the following websites:

Kenton-Hardin Health Department

www.Hardinhealth.org

Hospital Council of Northwest Ohio

<http://www.hcno.org/community/reports.html>

The 2022 Community Health Needs Assessment for OhioHealth Hardin Memorial Hospital is available on the following website:

<https://www.ohiohealth.com/locations/hospitals/hardin-memorial-hospital/about-us/community-health-needs-assessment>

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	Page Number
Public Health Accreditation Board (PHAB)	6
Primary and Secondary Data Collection Methods	6-9
Key Report Sections	9
Mobilizing for Action Through Planning and Partnerships (MAPP) Process Overview	10
2019 Ohio State Health Assessment (SHA)	11
Adult and Youth CHA Key Findings	12-13
Adult and Youth Data Summary	14-26
Adult and Youth Trend Summary	27-30
ADULT HEALTH CARE ACCESS	
Health Care Coverage	32-35
Health Care Access and Utilization	36-38
Preventive Medicine	39-42
Women's Health	43-44
Men's Health	45-46
Oral Health	47-48
ADULT HEALTH BEHAVIORS	
Health Status Perceptions	50-52
Weight Status	53-55
Diet and Nutrition	56-57
Tobacco Use	58-60
Alcohol Consumption	61-63
Drug Use	64-68
Sexual Behavior	69-73
Mental Health and Suicide	74-75
ADULT CHRONIC DISEASES	
Cardiovascular Health	77-82
Cancer	83-88
Arthritis	89
Asthma	90
Diabetes	91-92
Quality of Life	93-94
ADULT SOCIAL CONDITIONS	
Social Determinants of Health	96-107
Environmental Conditions	108-109
Parenting	110
YOUTH (OHYES) HEALTH	
Youth Weight Status	112-114
Youth Tobacco/Electronic Vapor Product Use	115-117
Youth Alcohol Consumption	118-120
Youth Drug Use	121-124
Youth Mental Health	125-126
Youth Social Determinants of Health	127-130
Youth Violence	131-133
Youth Perceptions of Risky Behaviors	134-140
FOCUS GROUP QUALITATIVE DATA	
Introduction and Methodology	142-143
Young Adult Focus Group Results	144-147

APPENDICES

APPENDIX I	Health Assessment Information Sources	148-149
APPENDIX II	Acronyms and Terms	150-151
APPENDIX III	Weighting Methods	152-153
APPENDIX IV	Sample Demographic Profile	154
APPENDIX V	Hardin County Adult Sample – Zip Code	155
Appendix VI	School Participation	156
APPENDIX VII	Demographics and Household Information	157-162
APPENDIX VIII	2023 County Health Rankings	163-165
APPENDIX IX	Community Stakeholder Perceptions	166-168

EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Hardin County adults (ages 19 and older) who participated in a county-wide health assessment survey in the Fall of 2022. Adult data was collected from October 2022 to December 2022. The findings are based on a self-administered survey using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio (HCNO) collected the adult data, guided the needs assessment process, and integrated sources of primary and secondary data into the final report.

This executive summary will provide data collection methods and alignment with the 2019 Ohio State Health Assessment (SHA). Following the alignment with the Ohio SHA, data and trend summaries will provide an overview of the data found in the full 2022 Hardin County Health Assessment.

Public Health Accreditation Board (PHAB)

National public health accreditation status through the Public Health Accreditation Board (PHAB) requires community health assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health. The Kenton-Hardin Health Department received initial accreditation in 2021.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2022 CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with members of the Hardin County Community Needs Assessment Advisory Committee representing a variety of community sectors.

This assessment includes a variety of data and information from various sources, focusing on primary data at the county level. Supporting data, such as secondary data, demographics, health disparities (including age, gender, and income-based disparities), and social determinants of health*, can be found throughout the report. For a more detailed approach on primary and secondary data collection methods, please see the section below.

**Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Source: Social Determinants of Health, Healthy People 2030).*

Primary Data Collection Methods

DESIGN

The community health assessment was cross-sectional in nature and included a written survey of adults. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment. Comparisons to local, state, and national data were made, along with alignment to the Healthy People 2030 target objectives, when applicable.

INSTRUMENT DEVELOPMENT | Adult Survey

One survey instrument was designed and pilot tested for this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from the HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults. The investigators decided to derive the majority of the adult survey items from the BRFSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from the HCNO conducted a meeting with the Hardin County Community Needs Assessment Advisory Committee. During this meeting, HCNO and the Hardin County Community Needs Assessment Advisory Committee reviewed and discussed banks of potential survey questions from the BRFSS. Based on input from the Hardin County Community Needs Assessment Advisory Committee, the project coordinator composed a draft survey containing 116 items. The Hardin County Community Needs Assessment Advisory Committee approved the draft survey.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and older living in Hardin County. Using U.S. Census Bureau data and CDC National Center for Health Statistics bridged-race population data (2020 estimates), it was determined that 23,641 persons ages 19 and older resided in Hardin County at the time of the survey collection in the Fall of 2022. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 6% (i.e., we can be 95% sure that the “true” population responses are within a 6% margin of error of the survey findings). A sample size of at least 264 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Hardin County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed in October of 2022 to 2,000 adults in Hardin County. This advance letter was personalized and printed on Kenton-Hardin Health Department stationery. The letter was signed by Jamie Hunsicker, DNP, RN, Health Commissioner, Kenton-Hardin Health Department. The letter introduced the Hardin County health needs assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

In November of 2022 (six weeks following the advance letter), a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized, hand-signed cover letter (on Kenton-Hardin Health Department stationery) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a \$2 incentive. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 13% (n=258; CI=± 6.07). This return rate and sample size means that the responses in the needs assessment should be representative of the entire county.

PROCEDURE | Adolescent (OHYES!) Survey

The Ohio Healthy Youth Environments Survey (OHYES) is a youth health survey offered by the Ohio Department of Mental Health and Addiction Services, Ohio Department of Health, and Ohio Department of Education. OHYES was administered to Hardin County youth in grades 7-12 in 2022. HCNO obtained this data through the Ohio Department of Mental Health and Addiction Services through a data use and confidentiality agreement. The results of the survey reflect student responses from the middle schools and high schools that voluntarily participated. A complete list of participating school districts can be found in appendix VI.

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using Statistical Product and Service Solutions 28.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Hardin County, the adult data collected was weighted by age, gender, race, and income using 2021 Census 5-year estimate data (Note: income data throughout the report represents annual household income). Multiple weightings were created based on this information to account for different types of analyses. For more information on how the adult weightings were created and applied, see Appendix III. Additional Census estimates are included in Appendix V - Demographic and Household Information.

SPECIFIC POPULATIONS THAT EXPERIENCE DISPARITIES

Health disparities or the differences in health outcomes between different groups of people (including age, gender, and income-based disparities) can be identified throughout each section of the 2022 Hardin County Health Assessment. Income and age-based disparities are particularly prevalent in Hardin County. For example, those most likely to rate their general health as fair or poor were adults with annual household incomes under \$25,000 (32%) compared to the general population (15%). Additionally, the prevalence of chronic conditions (e.g., diabetes, asthma, high blood pressure, etc.), were higher among those with annual household incomes under \$25,000 compared to the general population.

As part of the community health improvement plan (CHIP) process, the Hardin County Community Needs Assessment Advisory Committee will identify specific populations that face disparities as part of the prioritization phase of the process.

RESOURCES TO ADDRESS NEEDS

Numerous resources will be identified through the MAPP planning process, resulting in a comprehensive community health improvement plan (CHIP). Community resources (such as food, mental health, clothing, transportation, housing, etc.) can be found by visiting Hardin County United Way's website <https://www.unitedwayhardincounty.org/2-1-1.html> for more information. The Hardin County United Way is working toward getting the 2-1-1 resource in place as of September 2023.

LIMITATIONS

As with all county health assessments, it is important to consider the findings in light of all possible limitations.

First, the Hardin County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Hardin County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Participation in the adult survey varied among zip codes in Hardin County. A majority (74%) of adult respondents indicated they lived in zip codes 43326 or 45810, meaning the results of the survey could be biased toward the views of residents of these two zip codes. Although the adult data was not weighted according to zip code, the adult data was weighted according to other population characteristics (age, sex, race, and income) to match Hardin County's actual population composition, which could compensate for the response bias from some select zip codes. Please refer to Appendix III and Appendix V for further information about weighting methods and adult survey participation by zip code.

It is important to note that although several questions were asked using the same wording as the Centers for Disease Control and Prevention (CDC) questionnaire, the adult data collection method differed. The CDC adult data were collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than as a mail survey.

Although the collection of self-reported data is a common method of research in the field of public health, which is utilized by the BRFSS administered by the CDC, it is also important to consider the possible limitations. There is the potential for respondents to answer dishonestly for their answers to be more socially acceptable, or respondents may not have the ability to accurately assess themselves.

Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Secondary Data Collection Methods

HCNO collected secondary data from multiple sites, including county-level data, wherever possible. HCNO utilized sites, such as the BRFSS, numerous CDC sites, U.S. Census data, Healthy People 2030, Ohio Department of Health (ODH), etc. All of the data is included in the section of the report it corresponds with. All other data will be cited accordingly.

The ODH data was obtained from the Ohio Public Health Information Warehouse. The Ohio Public Health Information Warehouse is a self-service online tool where anyone can obtain the most recent public health data available in Ohio (for example, leading causes of death, cancer mortality, etc.). 2020 mortality data is used as the most recent data available due to 2021-2022 data noted as partial and may be incomplete. ODH specifically disclaims responsibility for any analyses, interpretation, or conclusions.

Key Report Sections

The following sections throughout the report are clarified below. Detailed information regarding definitions (i.e., binge drinker) can be found in Appendix II (Acronyms and Terms) of this report.

Data Summary: The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found further in the report. Please refer to the table of contents regarding placement of the full section.

Adult and Youth Trend Summary: The adult trend summary consists of data from the previous 2018 Hardin County Community Health Assessment. Additionally, state and national adult data is included for comparison purposes. The trend summary highlights all sections found in the report.

Adult Individual Sections: The data throughout the report is broken into individual sections based on the discretion of the Hardin County Community Needs Assessment Advisory Committee. Each individual adult section consists of data from adults ages 19 and older in Hardin County. The individual sections fall under four main categories: health care access, health behaviors, chronic disease, and social conditions. The adult social conditions section consists of topics such as food insecurity, abuse, transportation, etc. Please reference the table of contents to review placement of individual sections.

Youth (OHYES!) Individual Sections: The youth section consists of data from youth in grades 7th through 12th living in Hardin County. The youth sections consist of the following topics: weight status, tobacco/electronic vapor product use, alcohol consumption, drug use, mental health, social determinants of health, violence, and perceptions. Please reference the table of contents to review placement of individual sections.

Focus Group Qualitative Data: The focus group section consists of themes that were identified from the focus group on young adults, ages 19-29, in Hardin County.

Appendix: The appendices is included at the end of this report. Detailed information is included in the appendix regarding information sources, demographics of survey respondents, acronyms and terms, etc.

Mobilizing for Action through Planning & Partnerships (MAPP) Process Overview

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) requires Community Health Assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn about the health of our community, including health issues and disparities, contributing factors that impact health outcomes, and community assets and resources that can be mobilized to improve population health.

This 2022 CHA was developed using the Mobilizing Action through Partnerships and Planning (MAPP) 1.0 process, which is a nationally adopted framework developed by the National Association of County and City Health Officials (NACCHO) (see Figure 1.1). MAPP is a community-driven planning process for improving community health and is flexible in its implementation, meaning that the process does not need to be completed in a specific order. This process was facilitated by HCNO in collaboration with a broad range of local agencies representing a variety of sectors of the community, to which makes up the Hardin County Community Needs Assessment Advisory Committee. The Community Health Improvement Process (CHIP) follows the CHA process, which will involve the following six phases:

1. Organizing for success and partnership development

During this first phase, community partners organize the planning process and develop the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as partners, and uses participant's time well, and results in a plan that can be realistically implemented.

2. Visioning

During the second phase, visioning guides the community through a collaborative process that leads to a shared community vision and common values.

3. The four assessments

Each of the four assessments generates valuable information. The results of the assessments are particularly valuable when looking at the results as a whole. The four assessments include: The Community Health Status Assessment (CHSA), the Local Public Health System Assessment (LPHSA), the Forces of Change (FOC) Assessment, and the Community Themes and Strengths Assessment (CTSA).

4. Identifying strategic issues

The process to formulate strategic issues occurs during the prioritization process of the CHA/CHIP. The Hardin County Community Needs Assessment Advisory Committee considers the results of the assessments, including data collected from community members (primary data) and existing statistics (secondary data) to identify key health issues. Upon identifying the key health issues, an objective ranking process is used to prioritize health needs for the CHIP.

5. Formulate goals and strategies

Following the prioritization process, a gap analysis is completed in which the Hardin County Community Needs Assessment Advisory Committee members identify gaps within each priority area, identify existing resources and assets, and potential strategies to address the priority health needs. Following this analysis, various goals, objectives, and strategies are presented to the Hardin County Community Needs Assessment Advisory Committee to meet the prioritized health needs.

6. Action cycle


The Hardin County Community Needs Assessment Advisory Committee begins implementation of strategies as part of the next community health improvement cycle. Both progress data to track actions taken as part of the CHIP's implementation and health outcome data (key population health statistics from the CHA) are continually tracked through ongoing meetings. As the end of the CHIP cycle, partners review progress to select new and/or updated strategic priorities based on progress and the latest health statistics.

Figure 1.1 The MAPP Framework



2019 Ohio State Health Assessment (SHA)

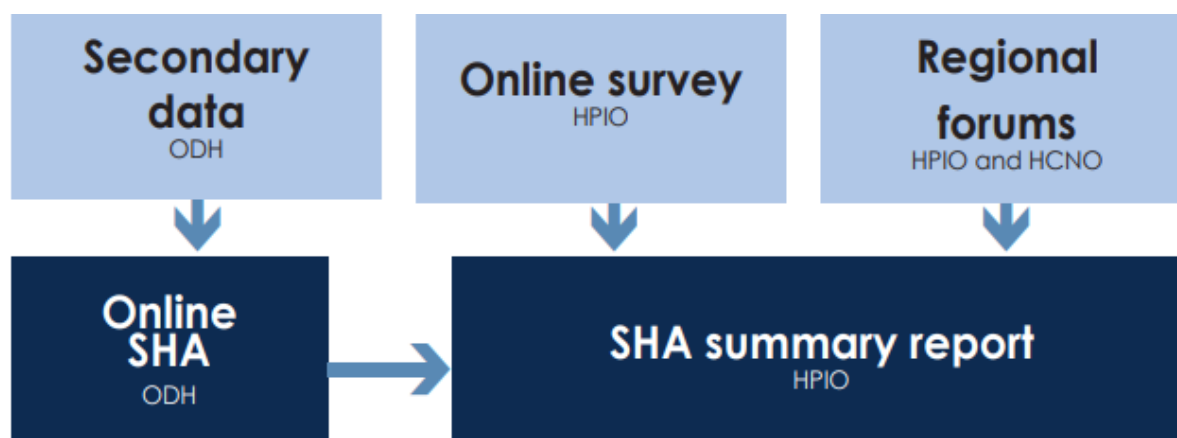
The 2019 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, online surveys completed by over 300 stakeholders, and advisory and steering committee members who represented 13 state agencies, including sectors beyond health.

Similar to the 2019 Ohio SHA, the 2022 Hardin County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol  will be displayed in the trend summary when an indicator directly aligns with the 2019 Ohio SHA.**

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration among a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is the Hardin County Community Needs Assessment Advisory Committee's hope that this CHA will serve as a foundation for such collaboration.

To view the full 2019 Ohio State Health Assessment, please visit: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship/>

FIGURE 1.2 | Components of the 2019 State Health Assessment (SHA)*



**Acronyms:*

HCNO – Hospital Council of Northwest Ohio

HPIO – Health Policy Institute of Ohio

ODH – Ohio Department of Health

ADULT CHA KEY FINDINGS

Below are the key findings from the 2022 Hardin County CHA adult survey.

Health Care Access

Between 2014-2022, Hardin County adult trend data indicates:

- Improvements in accessing health care (having one or more persons they thought of as a personal health care provider) (visiting a doctor for a routine check-up in the past year), with the most recent Hardin County data trending similar to rates at the state and national level.
- Relatively consistent uninsured rates, with the most recent data for Hardin County trending considerably higher compared to the state and national rates.

Health Behaviors

Between 2014-2022, Hardin County adult trend data indicates:

- Increasing obesity rates, with the most recent data trending higher for Hardin County compared to the state and national rates.
- Decreasing current cigarette smoker rates, with the most recent data for Hardin County being lower than the state's rate and similar to the nation's rate.
- Fluctuating rates of current drinking and binge drinking, with the most recent Hardin County data trending similar to state and national rates.
- Fluctuating marijuana use and declining prescription drug misuse.
- Relatively stable rates of suicide contemplation and suicide attempt.

Chronic Conditions

Between 2014-2022, Hardin County adult trend data indicates:

- Fluctuating rates of high blood pressure and high blood cholesterol, with the most recent Hardin County data trending slightly higher than the state and nation.
- Relatively steady rates of heart attack/myocardial infarction, with the most recent Hardin County data trending similar to the state and national rates.
- Fluctuating rates of diabetes, with the most recent Hardin County data trending similar to the state and national rates.

Social Conditions

Between 2018-2022, Hardin County adult trend data indicates:

- Increasing rates of adults indicating they had experienced four or more adverse childhood experiences (ACEs).
- Increasing rates of food insecurity.
- Declining rates of adults indicating their neighborhood is extremely or slightly safe.

YOUTH (OHYES!) CHA KEY FINDINGS

Below are the key findings from the 2022 Hardin County CHA youth (OHYES!) survey.

Health Care Access

Between 2014-2022, Hardin County youth trend data indicates:

- Fluctuating rates in accessing health care (visiting a doctor for a routine check-up in the past year).
- Decreasing rates of youth reporting they had visited a dentist in the past year.

Health Behaviors

Between 2014-2022, Hardin County youth trend data indicates:

- Increasing obesity rates, with the most recent Hardin County data trending slightly higher compared to the state and national rates.
- Decreasing current cigarette smoker rates, with the most recent data for Hardin County data trending similar to the state and national rates.
- Declining rates of current drinking and binge drinking, with the most recent Hardin County data trending lower than the state and national rates.
- Declining current marijuana use, with the most recent data for Hardin County trending lower than the state and national rates.
- Fluctuating rates of suicide contemplation and suicide attempt, with the most recent data for Hardin County trending lower than the state and national rates.

Social Conditions and Violence

Between 2014-2022, Hardin County youth trend data indicates:

- Fluctuating rates of youth not going to school because they felt unsafe, with the most recent data for Hardin County trending similar to the state and national rates.
- Fluctuating rates of youth being bullied on school property, with the most recent Hardin County data trending higher than the state and national rates.
- Declining rates of youth being involved in a physical fight, with the most recent Hardin County data trending lower than the national rate.

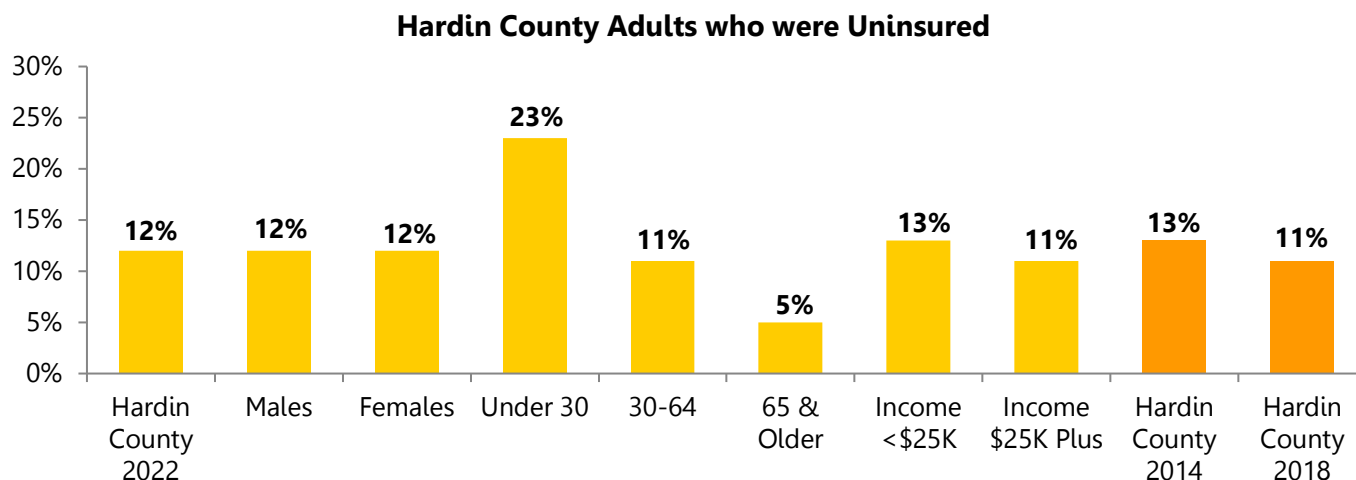
Data Summary | Health Care Access

The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found within the individual section. Please refer to the table of contents regarding placement of the full section.

"Adults" are defined throughout the report as those ages 19 and older living in Hardin County.

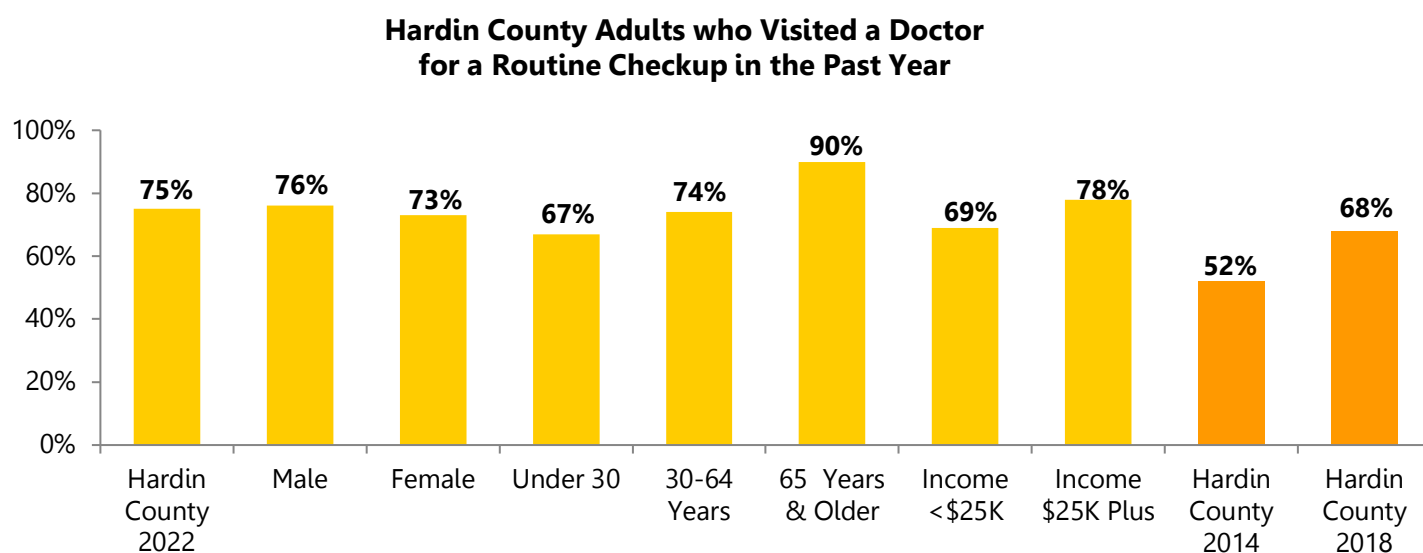
HEALTH CARE COVERAGE

Twelve percent (12%) of Hardin County adults were without health care coverage. Those most likely to be uninsured were those under 30 years old (23%).



ACCESS AND UTILIZATION

Three-fourths (75%) of Hardin County adults visited a doctor for a routine checkup in the past year, increasing to 90% of those ages 65 and older. Seventy-seven percent (77%) of adults indicated they had at least one person they thought of as their personal doctor or health care provider.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

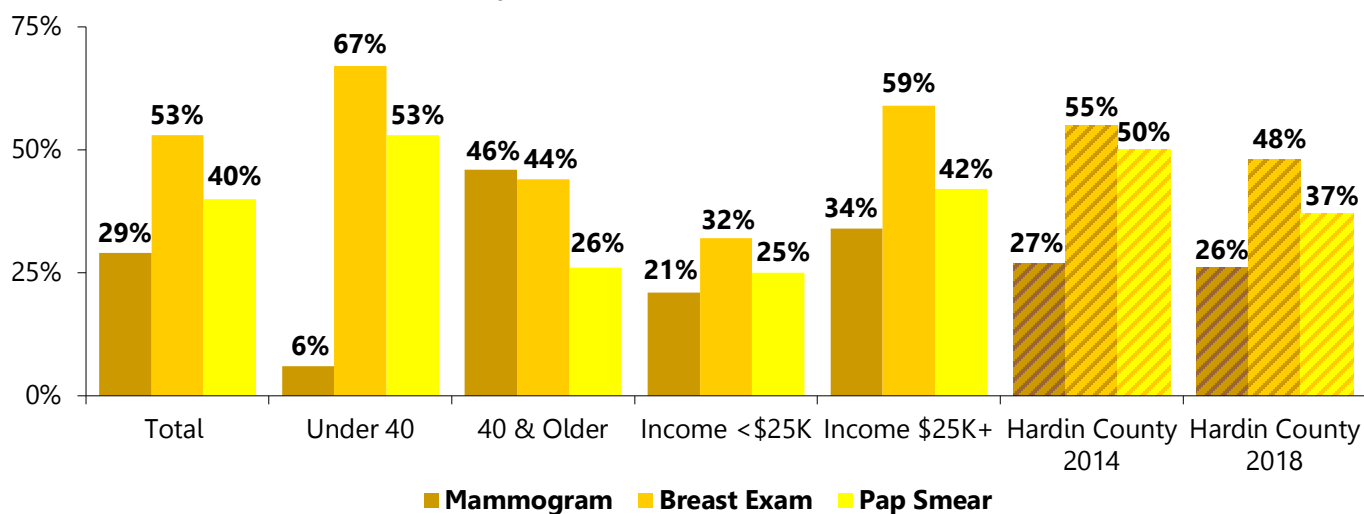
PREVENTIVE MEDICINE

Nearly half (48%) of Hardin County adults had a flu vaccine during the past 12 months. Nearly two-thirds (66%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

WOMEN'S HEALTH

Sixty-two percent (56%) of women had a mammogram at some time in their life, and 29% had this screening in the past year. Almost half (46%) of women ages 40 and over had a mammogram in the past year, and 64% had one in the past two years.

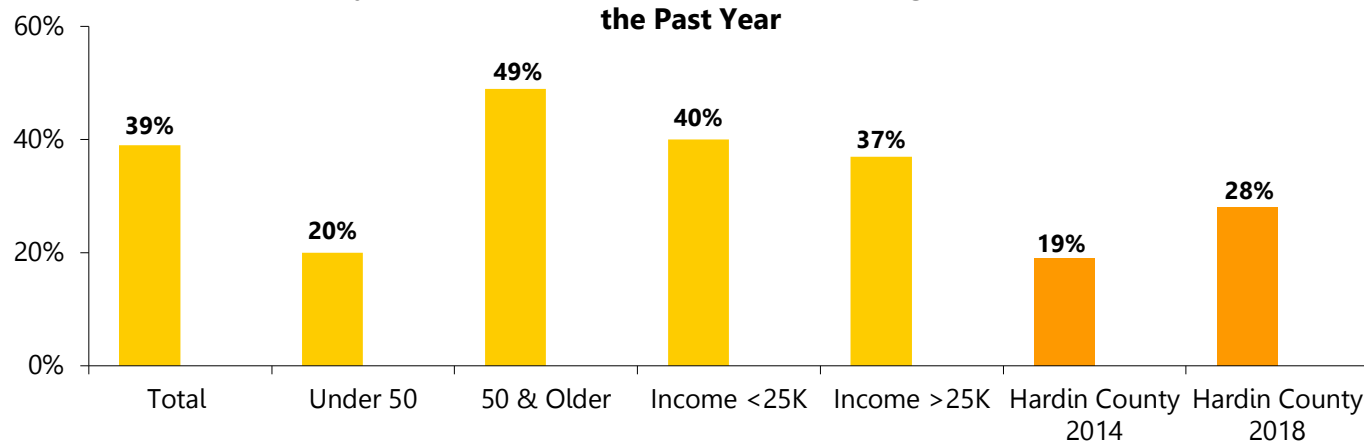
Hardin County Women's Health Exams Within the Past Year



MEN'S HEALTH

More than half (55%) of Hardin County males had a prostate-specific antigen (PSA) test at some time in their life, and 39% had one in the past year.

Hardin County Men Who Had a Prostate-Specific Antigen (PSA) Test Within the Past Year

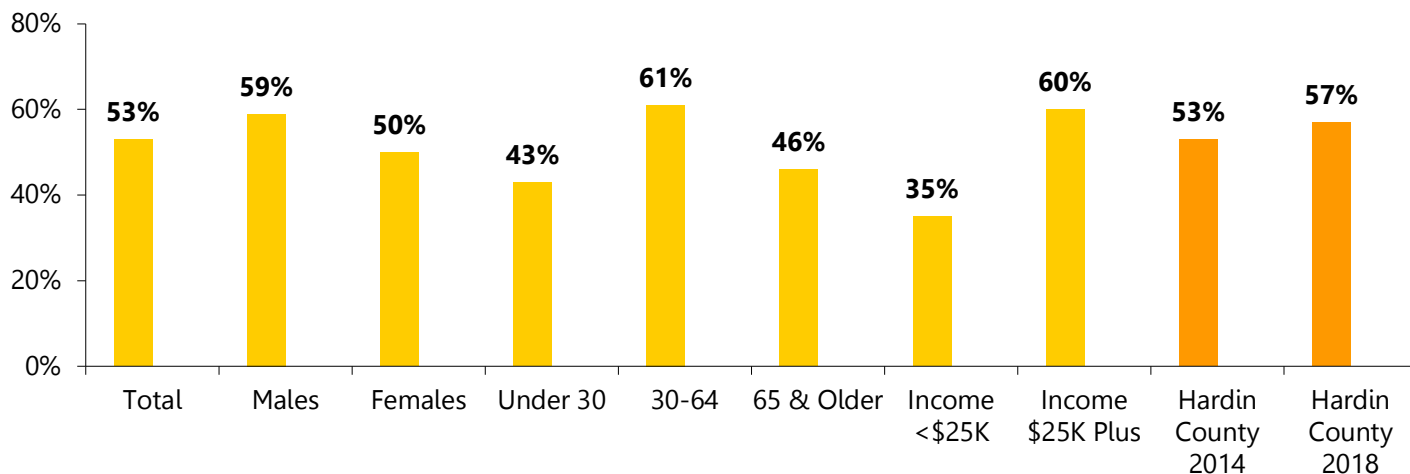


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ORAL HEALTH

In the past year, 53% Hardin County adults had visited a dentist or dental clinic, decreasing to 35% of those with incomes less than \$25,000. More than one-quarter (26%) of adults did not see a dentist in the past year due to cost.

Hardin County Adults Visiting a Dentist or Dental Clinic in the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

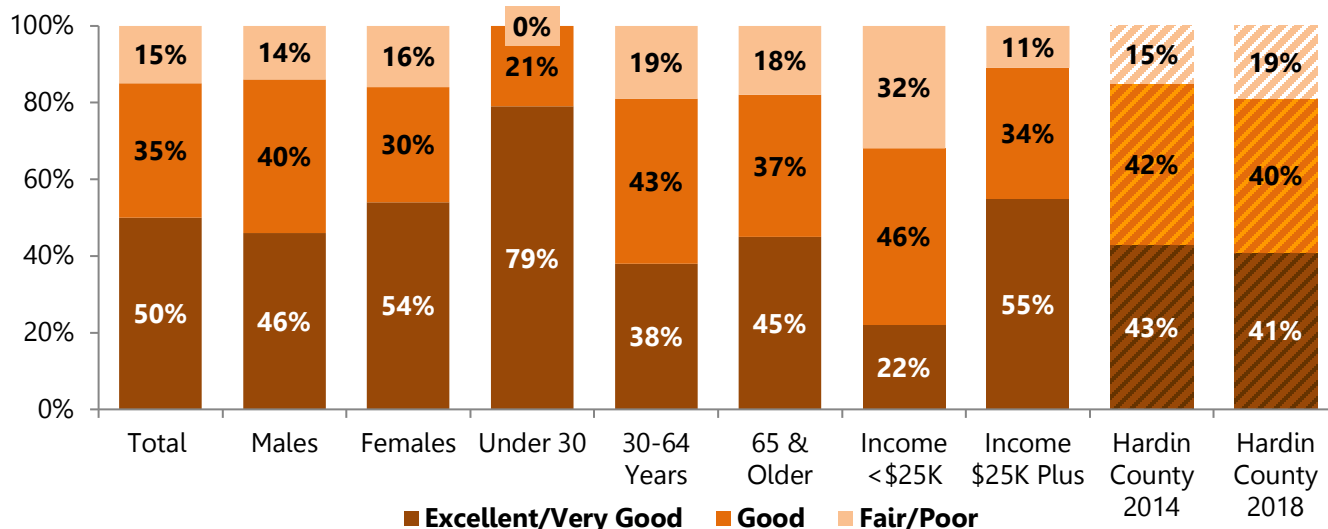
Data Summary | Health Behaviors

The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found within the individual section. Please refer to the table of contents regarding placement of the full section. "Adults" are defined throughout the report as those ages 19 and older living in Hardin County.

HEALTH STATUS PERCEPTIONS

Half (50%) of adults rated their health status as excellent or very good. Conversely, 15% of adults described their health as fair or poor, increasing to 32% of those with incomes less than \$25,000.

Hardin County Adult Health Perceptions*

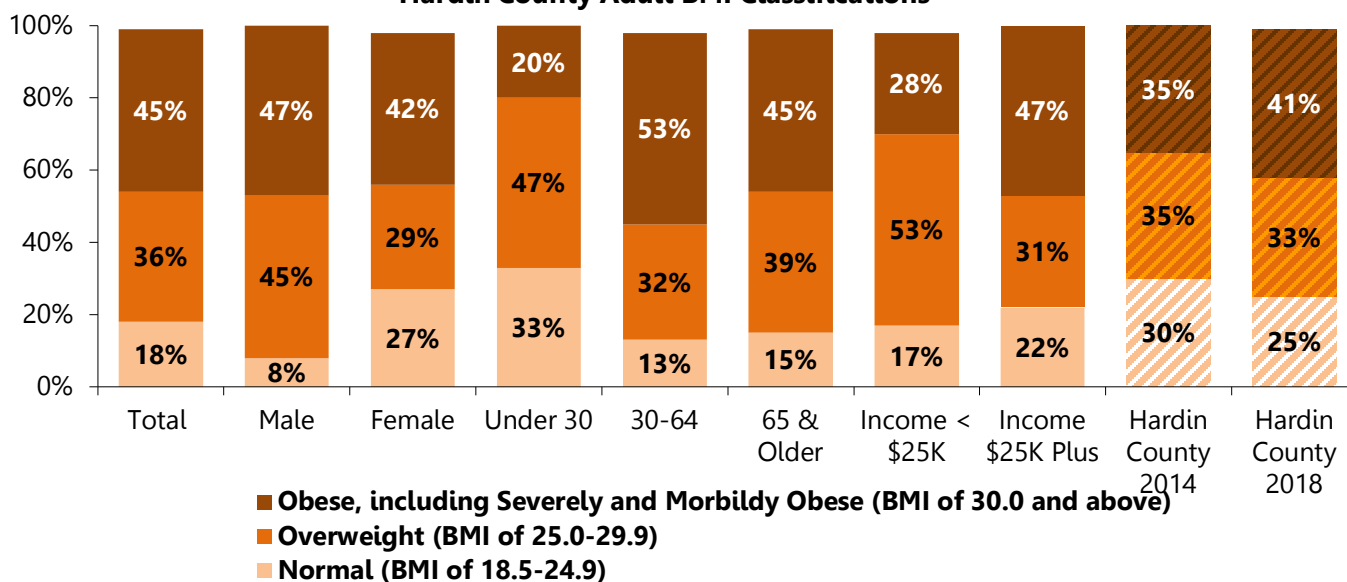


*Respondents were asked: "Would you say that in general your health is excellent/very good, good, and fair/poor?"

ADULT WEIGHT STATUS

Nearly three in four (74%) adults were either overweight or obese by Body Mass Index (BMI). Thirty-eight percent (38%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 4 or more days per week.

Hardin County Adult BMI Classifications*



*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

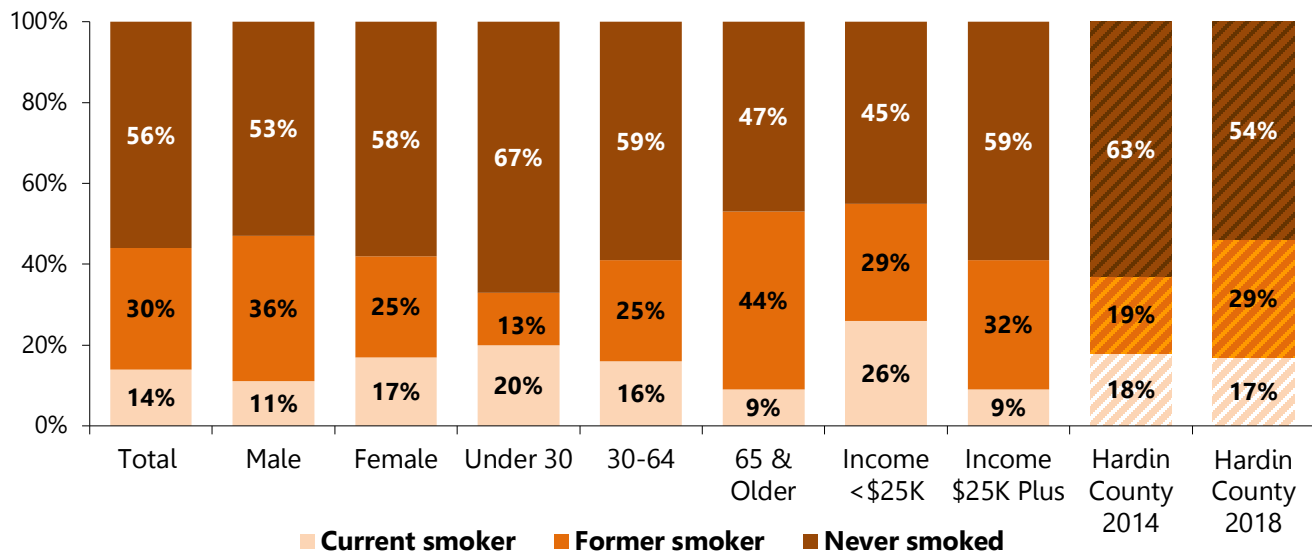
ADULT DIET AND NUTRITION

Forty-five percent (45%) of adults ate between 1-to-2 servings of fruits **and/or** vegetables per day. Thirty percent (30%) of adults ate 3-to-4 servings per day, and 21% of adults ate 5 or more servings per day. Four percent (4%) of adults ate 0 servings of fruits **and/or** vegetables per day. Taste/enjoyment (79%) and cost (59%) were the top reasons adults reported choosing the types of food they ate.

ADULT TOBACCO USE

In 2022, 14% of Hardin County adults were current smokers, and 30% were considered former smokers.

Hardin County Adult Cigarette Smoking Behaviors*



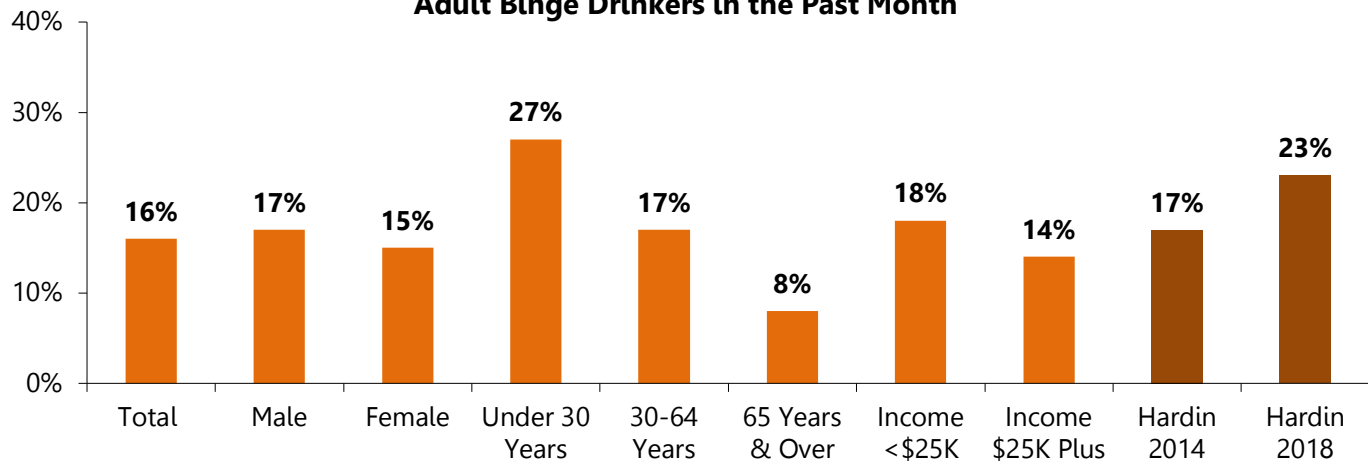
*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT ALCOHOL CONSUMPTION

More than half (52%) of adults had at least one alcoholic drink in the past month, increasing to 54% of those with incomes more than \$25,000 and 60% of males. In the past month, 4% of adults reported driving after having perhaps too much to drink.

Adult Binge Drinkers in the Past Month

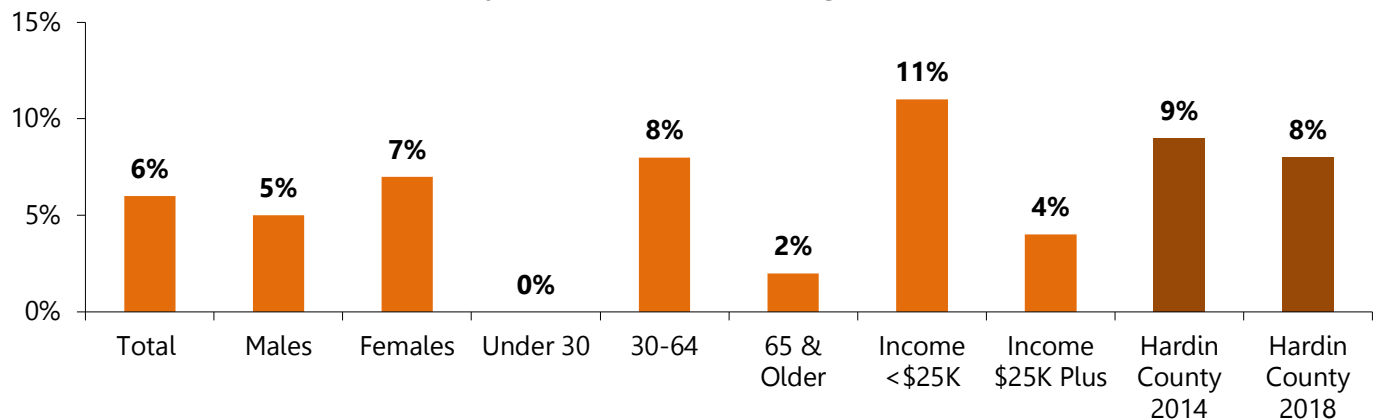


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT DRUG USE

Nine percent (9%) of Hardin County adults used recreational marijuana in the past six months, increasing to 16% of males. Six percent (6%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

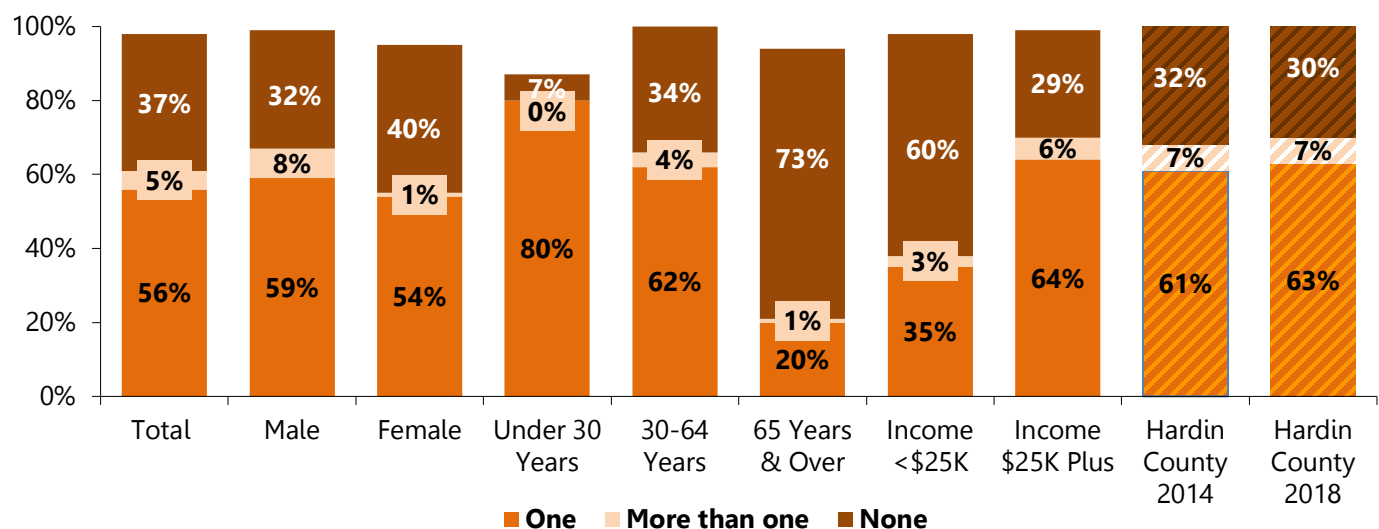
Hardin County Adult Prescription Drug Misuse in Past 6 Months



ADULT SEXUAL BEHAVIOR

Sixty-one percent (61%) of Hardin County adults had sexual intercourse in the past year. Five percent (5%) of adults reported they had intercourse with more than one partner in the past year, increasing to 8% of males.

Number of Sexual Partners in the Past Year*



*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

*Totals may not equal 100% as some respondents answered, "Don't know"

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT MENTAL HEALTH AND SUICIDE

In 2022, 21% of Hardin County adults had a period of two or more weeks when they felt sad, blue, or depressed nearly every day. Six percent (6%) of Hardin County adults seriously considered attempting suicide.

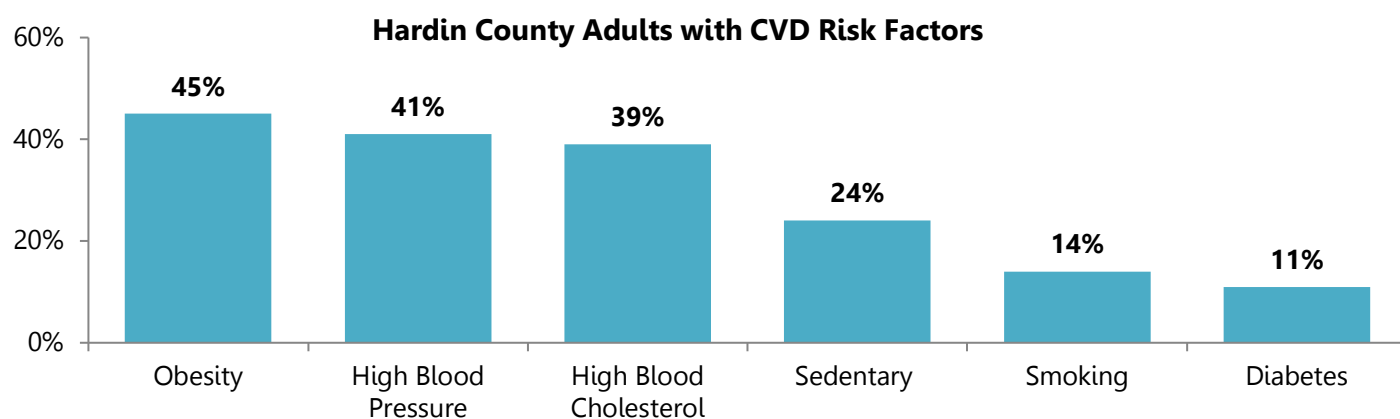
Data Summary | Chronic Disease

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CARDIOVASCULAR HEALTH

Six percent (6%) of Hardin County adults survived a heart attack and 3% survived a stroke at some time in their life. More than two-fifths (45%) of adults were obese, 41% had high blood pressure, 39% had high blood cholesterol, and 24% were sedentary, all known risk factors for cardiovascular disease.

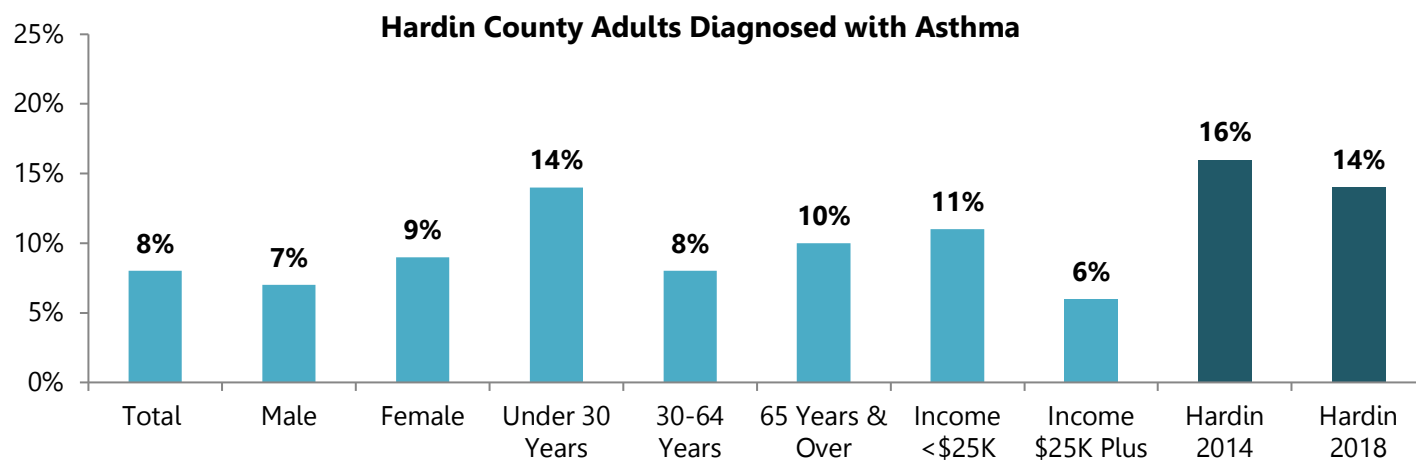


CANCER

In 2022, 18% of Hardin County adults had been diagnosed with cancer at some time in their life.

ASTHMA

In 2022, 8% of Hardin County adults were told by a doctor, nurse, or other health professional that they had asthma, increasing to 17% of those over the age of 65.



**Previous Hardin County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio and U.S. data refers to adults who have asthma.*

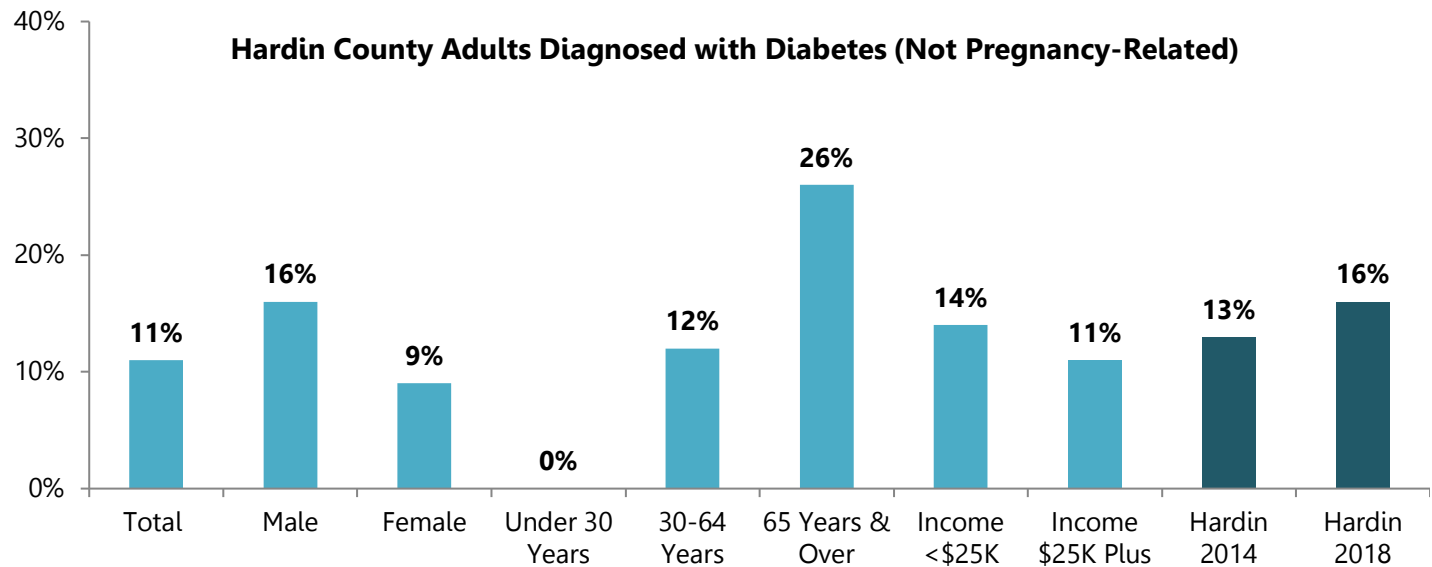
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ARTHRITIS

Thirty-five percent (35%) of Hardin County adults were ever told by a doctor or health professional that they had some form of arthritis, increasing to 69% of those over the age of 65.

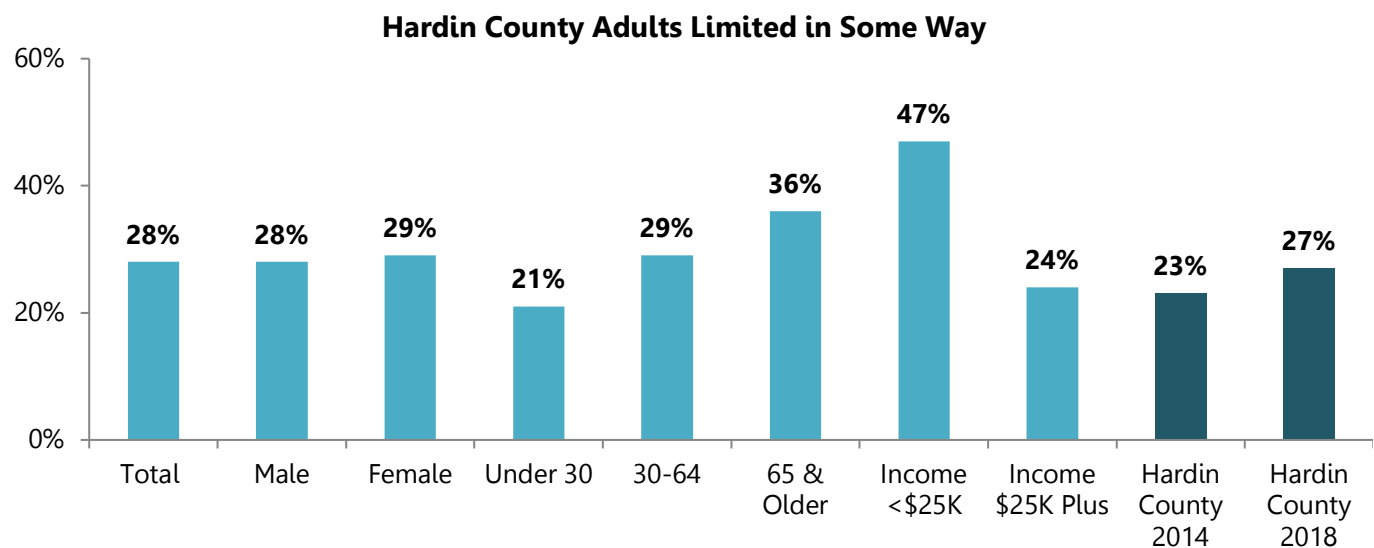
DIABETES

Eleven percent (11%) of Hardin County adults had been diagnosed with diabetes (not pregnancy-related), increasing to 26% of those over the age of 65.



QUALITY OF LIFE

More than one-quarter (28%) of Hardin County adults were limited in some way because of a physical, mental or emotional problem, increasing to 47% of those with incomes less than \$25,000.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Social Conditions

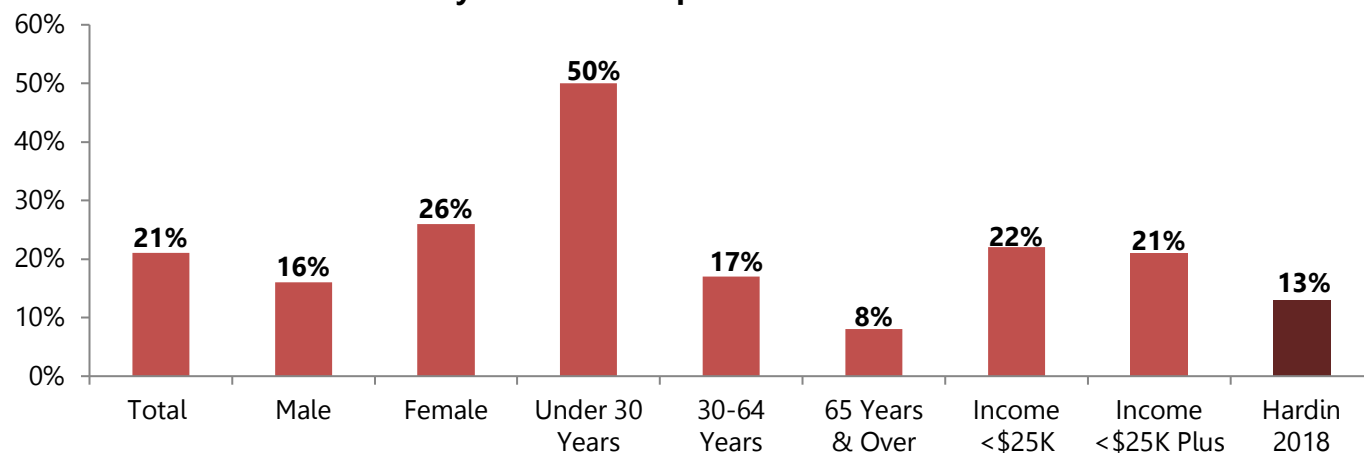
The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found within the individual section. Please refer to the table of contents regarding placement of the full section.

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SOCIAL DETERMINANTS OF HEALTH

In 2022, 10% of Hardin County adults had to choose between paying bills and buying food. Twenty-one percent (21%) of adults experienced four or more adverse childhood experiences (ACEs). More than two-fifths (45%) of Hardin County adults had a firearm in or around their home.

Hardin County Adults who Experienced Four or More ACEs



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ENVIRONMENTAL HEALTH

Adults indicated that insects (11%) and mold (9%) were the top two environmental factors that threatened their health in the past year. Eighty percent (80%) of households had a working flashlight with batteries and 80% had a working smoking detector in preparation for a disaster.

2022 Hardin County Data Summary | Youth (OHYES!) Health

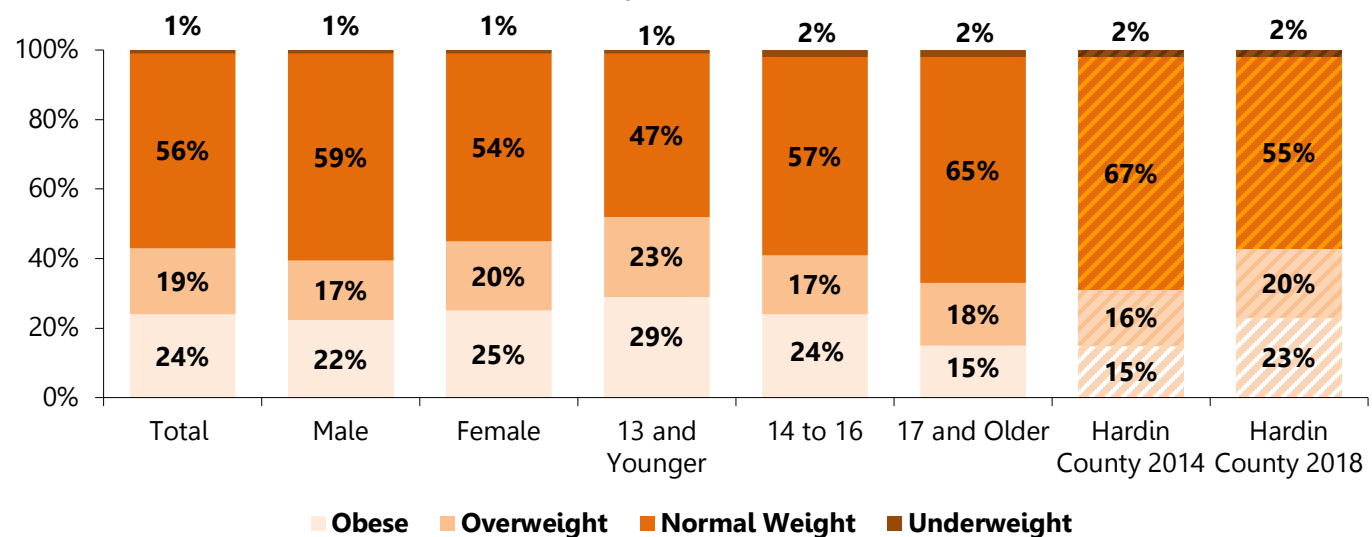
The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found within the individual section. Please refer to the table of contents regarding placement of the full section.

“Youth” is defined throughout the report as those in grades 7th through 12th living in Hardin County.

YOUTH WEIGHT STATUS

Twenty-four percent (24%) of Hardin County youth were obese, according to body mass index (BMI) by age. Seventy-five percent (75%) of youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. Twelve percent (12%) of youth consumed 5 or more servings of fruits and vegetables per day.

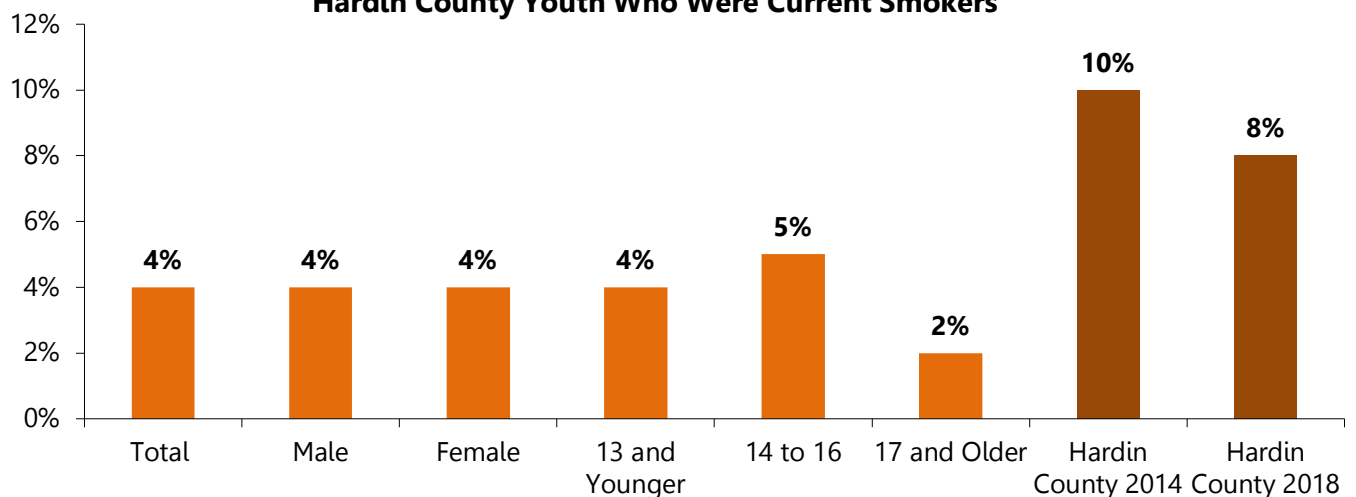
Hardin County Youth BMI Classifications



YOUTH TOBACCO/ELECTRONIC VAPOR PRODUCT USE

Four percent (4%) of Hardin County youth were current smokers. Ten percent (10%) of youth used an electronic vapor product in the past 30 days and 20% of youth used an electronic vapor product in their life.

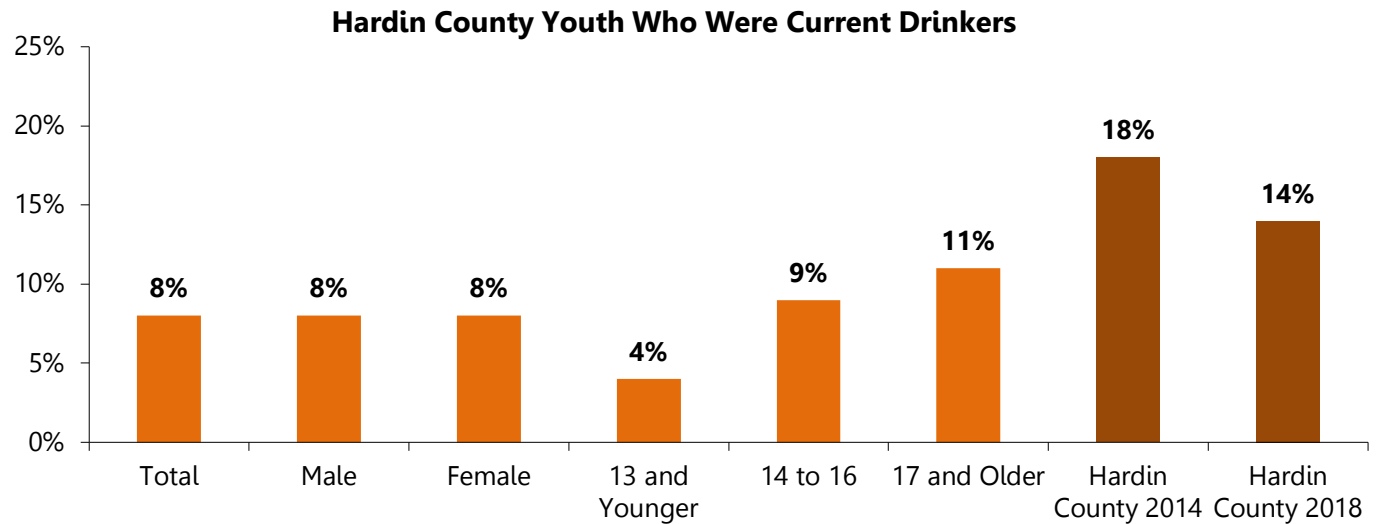
Hardin County Youth Who Were Current Smokers



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

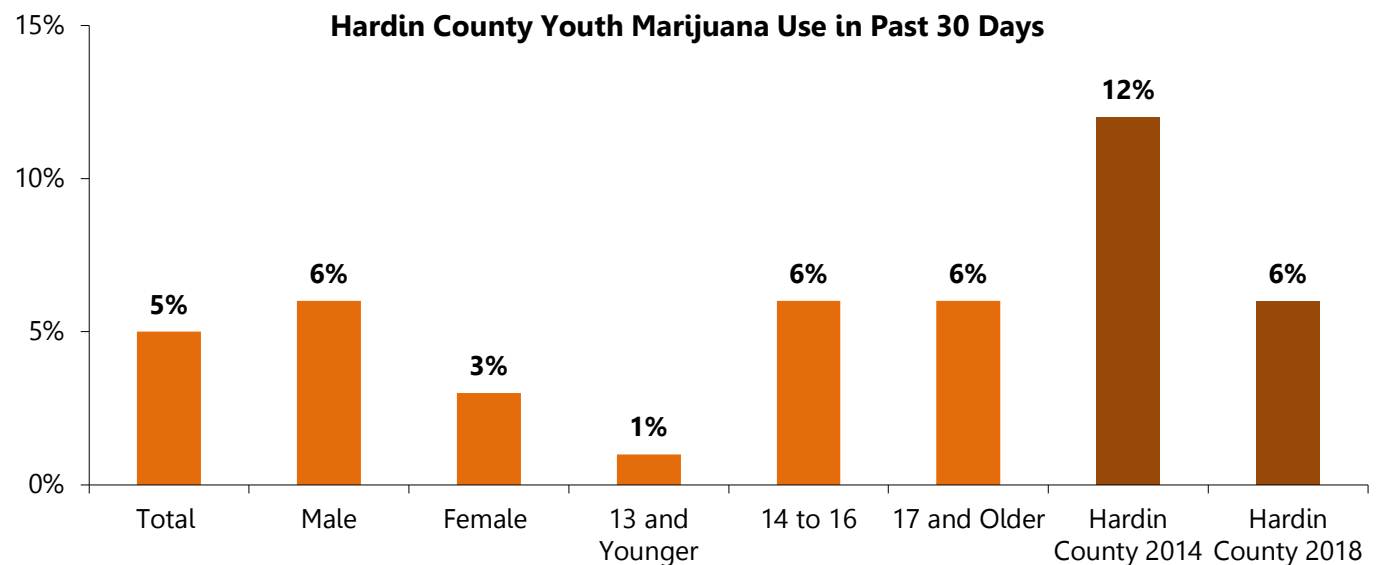
YOUTH ALCOHOL CONSUMPTION

Eight percent (8%) of all youth had at least one drink in the past month, defining them as a current drinker. Of all youth, 13% had their first drink of alcohol before the age of 13.



YOUTH DRUG USE

Five percent (5%) of all youth had used marijuana or hashish in the past 30 days. Of those who ever tried marijuana, 40% used marijuana or hashish in the past 30 days. Eight percent (8%) of youth in Hardin County reported ever using prescription drugs (e.g., OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription or differently than how a doctor told them in their lifetime.

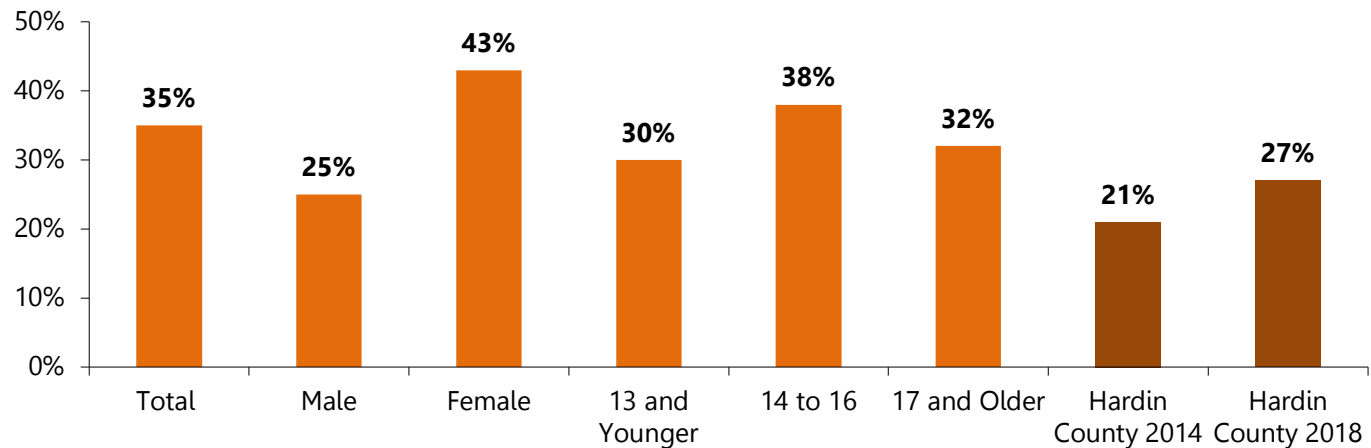


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH MENTAL HEALTH

Thirty-five percent (35%) of Hardin County youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Fourteen percent (14%) of youth reported they had seriously considered attempting suicide in the past 12 months.

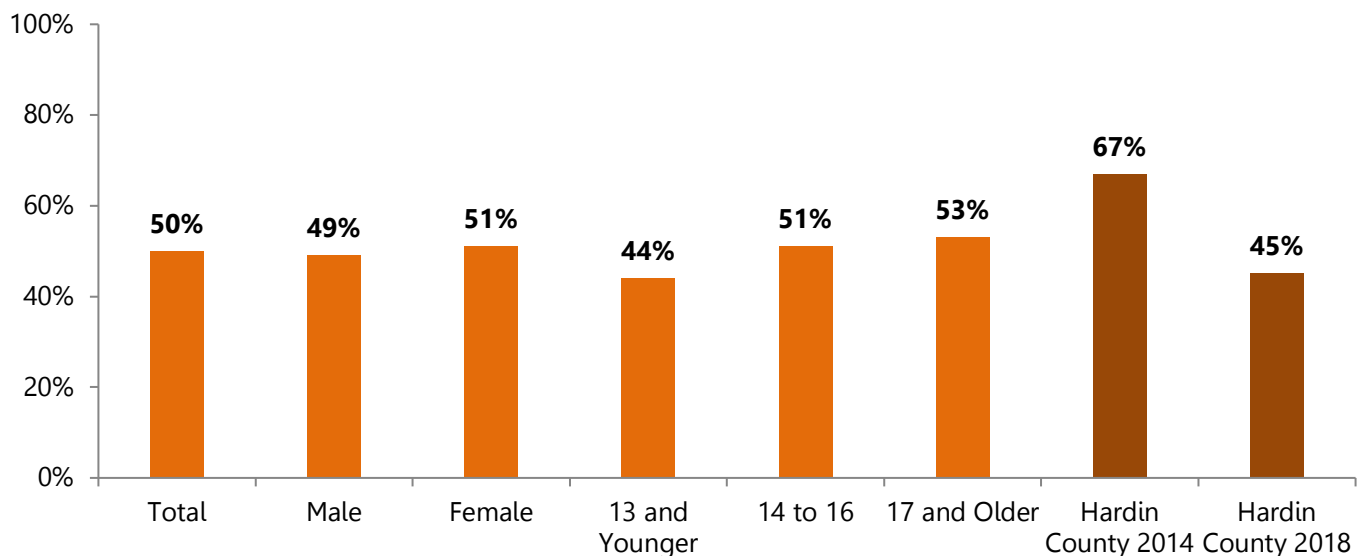
**Hardin County Youth Who Felt Sad or Hopeless
for Two or More Weeks in a Row**



YOUTH SOCIAL DETERMINANTS OF HEALTH

Half (50%) of youth had been to the doctor for a routine check-up in the past year. Almost one-third (28%) of youth had experienced three or more ACEs in their lifetime.

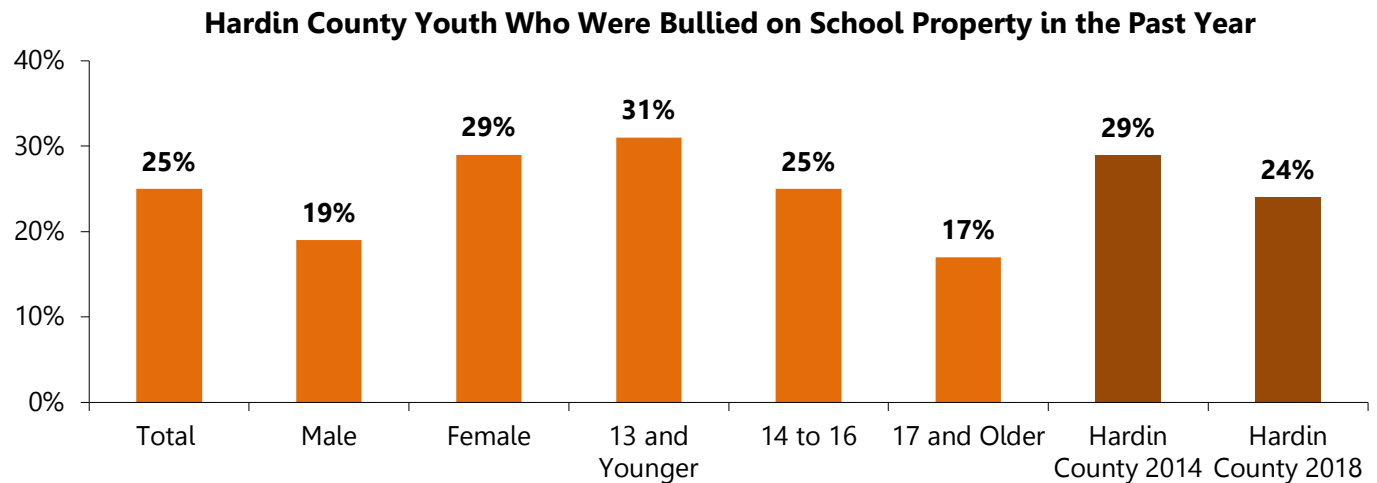
Hardin County Youth Who Visited a Doctor Within the Past Year



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

VIOLENCE

One-quarter (25%) of youth had been bullied on school property in the past year. Eleven percent (11%) of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school in the past year.















PERCEPTIONS OF RISKY BEHAVIORS


One-quarter (25%) of youth thought there was a great risk in harming themselves physically or in other ways in they had five or more drinks of an alcoholic beverage once or twice a week. Twelve percent (12%) thought that there was no risk if they had five or more drinks of an alcoholic beverage once or twice a week.

How much do you think people risk harming themselves if they:	Total	Male	Female	13 or younger	14-16 years old	17 or older
Have five or more alcoholic beverages once or twice a week	25%	21%	28%	24%	26%	23%
Smoke one or more pack of cigarettes per day	47%	46%	49%	49%	48%	42%
Use electronic vapor products every day	34%	35%	35%	34%	35%	32%
Smoke marijuana once or twice a week	27%	25%	29%	35%	26%	15%
Misuse prescription drugs	54%	52%	57%	53%	56%	51%

ADULT TREND SUMMARY



Adult Variables	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Health Status					
Rated general health as good, very good, or excellent	85%	81%	85%	83%	85%
Rated general health as excellent or very good	43%	41%	50%	51%	53%
Rated general health as fair or poor 	15%	19%	15%	17%	15%
Rated mental health as not good on four or more days (in the past 30 days)	27%	34%	40%	31%	29%
Rated physical health as not good on four or more days (in the past 30 days)	20%	22%	25%	21%	20%
Average number of days that physical health was not good (in the past 30 days) 	3.1	4.3	4.3	4.2*	3.9*
Average number of days that mental health was not good (in the past 30 days) 	4.2	4.7	6.2	5.2*	4.5*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	24%	25%	29%	N/A	N/A
Health Care Coverage, Access, and Utilization					
Uninsured	13%	11%	12%	6%	7%
Had one or more persons they thought of as their personal health care provider 	58%	86%	87%	86%	84%
Visited a doctor for a routine checkup (in the past 12 months) 	52%	68%	75%	77%	76%
Visited a doctor for a routine checkup (5 or more years ago)	11%	6%	8%	5%	5%
Arthritis, Asthma, & Diabetes					
Ever been told by a doctor they have diabetes (not pregnancy-related) 	13%	16%	11%	13%	11%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	32%	41%	35%	30%	25%
Had ever been told they have asthma 	16%	14%	8%	15%	15%
Cardiovascular Health					
Ever diagnosed with angina or coronary heart disease 	4%	8%	3%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction 	5%	6%	6%	5%	4%
Ever diagnosed with a stroke	1%	2%	3%	4%	3%
Had been told they had high blood pressure 	28%	44%	41%	36%	32%
Had been told their blood cholesterol was high	28%	43%	39%	36%	36%
Had their blood cholesterol checked within the last five years	72%	80%	80%	85%	85%
Weight Status					
Overweight	35%	33%	36%	33%	34%
Obese 	35%	41%	45%	38%	34%
Did not participate in any type of physical activity or exercise in the past week (for at least 30 minutes)	26%	26%	24%	N/A	N/A
Alcohol Consumption					
Current drinker (had at least one drink of alcohol within the past 30 days)	43%	54%	52%	53%	53%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion) 	17%	23%	16%	17%	15%

N/A – Not Available

 Indicates alignment with the Ohio State Health Assessment

*2019 BRFSS Data compiled by 2022 County Health Rankings

†2020 BRFSS Data

Adult Variables	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Drug Use					
Adults who used marijuana in the past 6 months	6%	5%	9%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	9%	8%	6%	N/A	N/A
Tobacco Use					
Current smoker (smoked on some or all days) 	18%	17%	14%	18%	14%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	19%	29%	30%	25%	25%
Current e-cigarette user (vaped on some or all days)	N/A	4%	10%	8%	7%
Preventive Medicine					
Ever had a pneumonia vaccine (ages 65 and older)	44%	66%	66%	71%	71%
Had a flu shot within the past year (ages 65 and older)	63%	70%	73%	66%	67%
Had a clinical breast exam in the past two years (ages 40 and older)	66%	65%	60%	N/A	N/A
Had a mammogram within the past two years (ages 40 and older)	61%	65%	64%	71% [†]	72% [†]
Had a Pap smear in the past three years (ages 21-65)	69%	66%	62%	77% [†]	78% [†]
Had a PSA test within the past year (of all males)	19%	28%	39%	N/A	N/A
Had a PSA test within the past two years (ages 40 and older)	45%	52%	60%	32% [†]	32% [†]
Cancer					
Ever been told they had skin cancer	3%	5%	6%	7%	7%
Ever been told they had other types of cancer (other than skin cancer)	8%	9%	12%	8%	8%
Quality of Life					
Limited in some way because of physical, mental or emotional problem	23%	27%	28%	N/A	N/A
Mental Health					
Seriously considered attempting suicide in the past year	6%	4%	6%	N/A	N/A
Attempted suicide in the past year	<1%	1%	1%	N/A	N/A
Sexual Behavior					
Had more than one sexual partner in past year	7%	7%	5%	N/A	N/A
Oral Health					
Visited a dentist or a dental clinic (within the past year) 	53%	57%	53%	65% [†]	66% [†]
Visited a dentist or a dental clinic (5 or more years ago)	16%	18%	17%	N/A	N/A



N/A – Not Available

 Indicates alignment with the Ohio State Health Assessment

*2019 BRFSS Data compiled by 2022 County Health Rankings

[†]2020 BRFSS Data

Youth Trend Summary

Youth Comparisons*	Hardin County CHA 2014* (6 th -12 th)	Hardin County 2018 OHYES (7 th -12 th)	Hardin County 2022 OHYES (7 th -12 th)	Hardin County 2022 OHYES (9 th -12 th)	Ohio 2021 YRBSS (9 th -12 th)	U.S. 2021 YRBSS (9 th -12 th)
Weight Control						
Obese 	15%	23%	24%	22%	19%	16%
Overweight	16%	20%	19%	16%	13%	16%
Physically active at least 60 minutes per day on every day in past week	29%	30%	28%	25%	26%	24%
Physically active at least 60 minutes per day on 5 or more days in past week	46%	54%	50%	49%	49%	45%
Did not participate in at least 60 minutes of physical activity on any day in past week	15%	13%	10%	9%	16%	16%
Tobacco/Electronic Vapor Product Use						
Current smoker (smoked on at least 1 day during the past 30 days) 	10%	8%	4%	4%	3%	4%
Current cigar smoker (cigars, cigarillos, or little cigars, on at least 1 day during the 30 days)	N/A	6%	2%	2%	3%	3%
Current electronic vapor product user (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days)	N/A	17%	10%	12%	20%	18%
Current smokeless tobacco user (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs, not counting any electronic vapor products, on at least 1 day during the 30 days)	N/A	6%	2%	2%	2%	3%
Alcohol Consumption						
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	39%	39%	29%	34%	N/A	N/A
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	18%	14%	8%	10%	23%	23%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	11%	7%	3%	4%	13%	11%
Drank for the first time before age 13 (of all youth)	13%	14%	13%	12%	11%	15%
Drank and drove (of youth drivers)	11%	2%	1%	1%	N/A	N/A
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	12%	8%	7%	N/A	N/A
Drug Use						
Currently use marijuana (in the past 30 days)	12%	6%	5%	7%	13%	16%
Tried marijuana for the first time before age 13	N/A	6%	4%	4%	N/A	5%
Ever took prescription drugs without a doctor's prescription (in their lifetime)	5%	8% [^]	8% [^]	8% [^]	10%	12%
Ever used methamphetamines (in their lifetime)	N/A	N/A	<1%	<1%	2%	2%
Ever used cocaine (in their lifetime)	N/A	N/A	1%	<1%	2%	3%
Ever used heroin (in their lifetime)	N/A	N/A	<1%	<1%	N/A	1%
Ever used inhalants (in their lifetime)	N/A	N/A	1%	<1%	N/A	8%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	N/A	1%	1%	N/A	3%
Ever took steroids without a doctor's prescription (in their lifetime)	N/A	N/A	0%	0%	N/A	N/A
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	4%	4%	4%	N/A	14%**

*Survey sampling methods differed for Hardin County in 2014. Please compare with caution.

** YRBSS is for youth who were ever offered, sold, or given an illegal drug on school property.

[^] OHYES questionnaire asked this question slightly different from the YRBSS. Please compare with caution.

 Indicates alignment with Ohio SHA/SHIP

N/A – Not Available

Youth Comparisons*	Hardin County CHA 2014* (6 th -12 th)	Hardin County 2018 OHYES (7 th -12 th)	Hardin County 2022 OHYES (7 th -12 th)	Hardin County 2022 OHYES (9 th -12 th)	Ohio 2021 YRBSS (9 th -12 th)	U.S. 2021 YRBSS (9 th -12 th)
Mental Health						
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	21%	27%	35%	36%	43%	42%
Seriously considered attempting suicide (in the past 12 months)	12%	16%	14%	13%	22%	22%
Attempted suicide (in the past 12 months)	3%	8%	7%	7%	10%	10%
Social Determinants of Health						
Visited a doctor or other health care professional (for a routine check-up in the past year)	67%	45%	50%	52%	N/A	N/A
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	71%	63%	60%	62%	N/A	N/A
Violence						
Were in a physical fight (in the past 12 months)	24%	18%	17%	13%	N/A	18%
Were in a physical fight on school property (in the past 12 months)	8%	9%	7%	4%	N/A	6%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	12%	8%	6%	N/A	7%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	5%	13%	11%	10%	9%	9%
Bullied on school property (in the past year)	29%	24%	25%	22%	20%	15%
Electronically bullied (bullied through e-mail, chat rooms, instant messaging, websites or texting in the past year)	8%	15%	15%	14%	19%	16%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	N/A	N/A	7%	7%	5%	9%

*Survey sampling methods differed for Hardin County in 2014. Please compare with caution.

N/A – Not Available

HEALTH CARE ACCESS

Health Care Coverage
Health Care Access and Utilization
Preventive Medicine
Women's Health
Men's Health
Oral Health

Note for population: "adults" are defined throughout the report as those ages 19 and older living in Hardin County

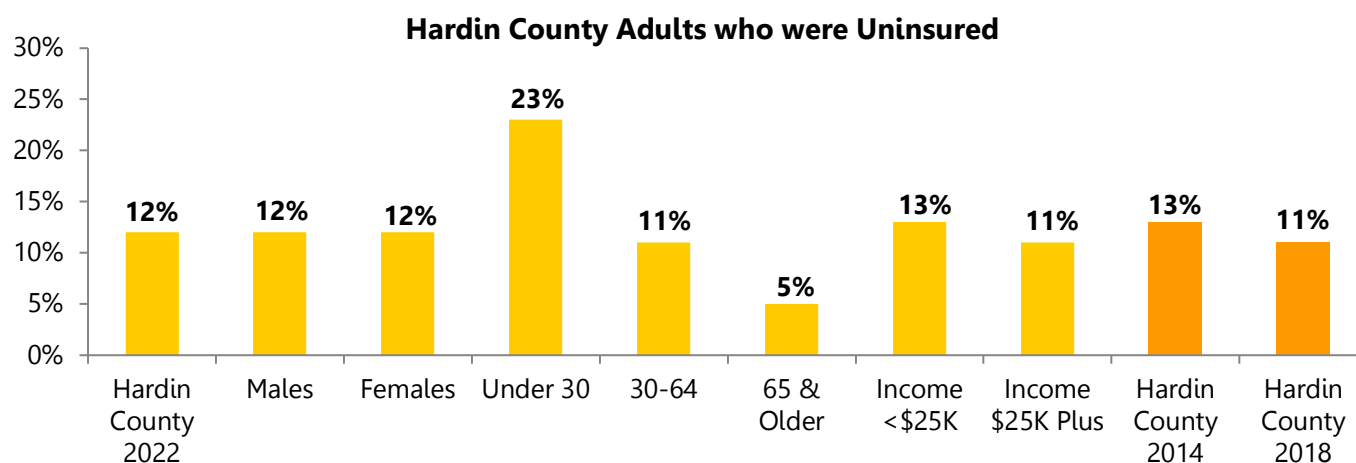
Health Care Access: Health Care Coverage

Health Coverage

12% of adults, or approximately 2,837 Hardin County adults were uninsured.

- In 2022, 88% of Hardin County adults had health care coverage.
- In the past year, 12% of adults were uninsured, increasing to 23% of those under 30.

The following graph shows the percentage of Hardin County adults who were uninsured. An example of how to interpret the information in the graph includes: 12% of all Hardin County adults were uninsured, including 12% of females and 23% of those under the age of 30.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Uninsured	13%	11%	12%	6%	7%

Healthy People 2030 Access to Health Services (AHS)

Objective	Hardin County 2022	Ohio 2021	U.S. 2021	Healthy People 2030 Target
AHS-01: Increase the proportion of persons with medical insurance	100% age 18-24 71% age 25-34 88% age 35-44 96% age 45-54 87% age 55-64	93% age 18-24 86% age 25-34 92% age 35-44 94% age 45-54 96% age 55-64	88% age 18-24 85% age 25-34 88% age 35-44 90% age 45-54 94% age 55-64	92%*

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

**Healthy People 2030 objective is: Increase the proportion of people with health insurance. Age group not specified.
(Sources: Healthy People 2030 Objectives, 2021 BRFSS/WEAT, 2022 Hardin County Community Health Assessment)*

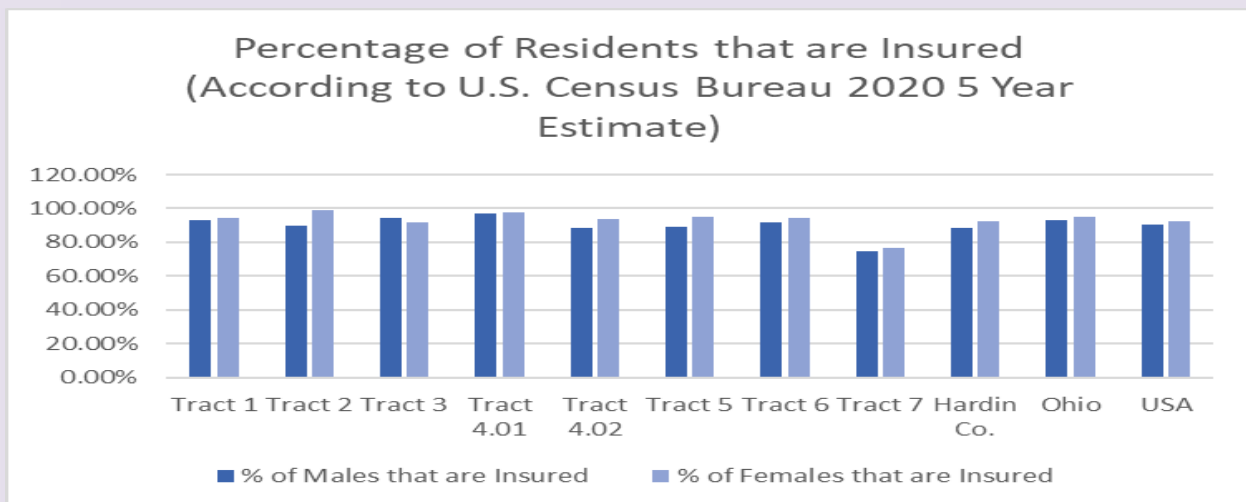
Insured Rates in Hardin County, Ohio

Union County OH.'s 2019 Health Equity Report states that "People without health insurance or those that are underinsured are generally at a higher risk of poor health outcomes, as they may be less likely to seek regular preventative care, undergo screening procedures, receive proper care for their health conditions, and have less access to prescription medications and mental health services. Uninsured or underinsured individuals with chronic conditions like diabetes may wait too long to receive treatment due to the high cost of treatments. As a result of these aspects, uninsured individuals tend to have an increased mortality rate and decreased life expectancy when compared to those that are insured."

Some uninsured or underinsured people may travel out of the county, out of Ohio, or even out of The United States to seek free or cheaper healthcare.

Census Tract 7 had the lowest percentage of males (approx. 74.8%), and (76.6%), of females in Hardin County report that they have health insurance.

Census Tract 4.01 had the highest percentage of males (97.2%), reported to have health insurance, while Census Tract 2 had the highest percentage of females (98.8%), reported to have health insurance. (See table below). Approx. 90.4% of people in Hardin County as a whole were reported to have had health insurance, (88.7% of males and 92.1% of females as a whole). The percent of male Ohioans who reported having insurance was 92.8% which was approx. 4% more than the number of males in Hardin County that reported having health insurance. A little over 2% more females in Ohio (94.8%), than just the females in Hardin County (92.1%), reported that they had health insurance. Less than 10% of males in the United States had reported that they did not have health insurance, and less than 8% of females in the United States reported that they did not have health insurance. Was unable to find dental and vision health insurance information on The U.S. Census Bureau website to include in this study.



(Source: 2023 Hardin County, Ohio Health Equity Report)

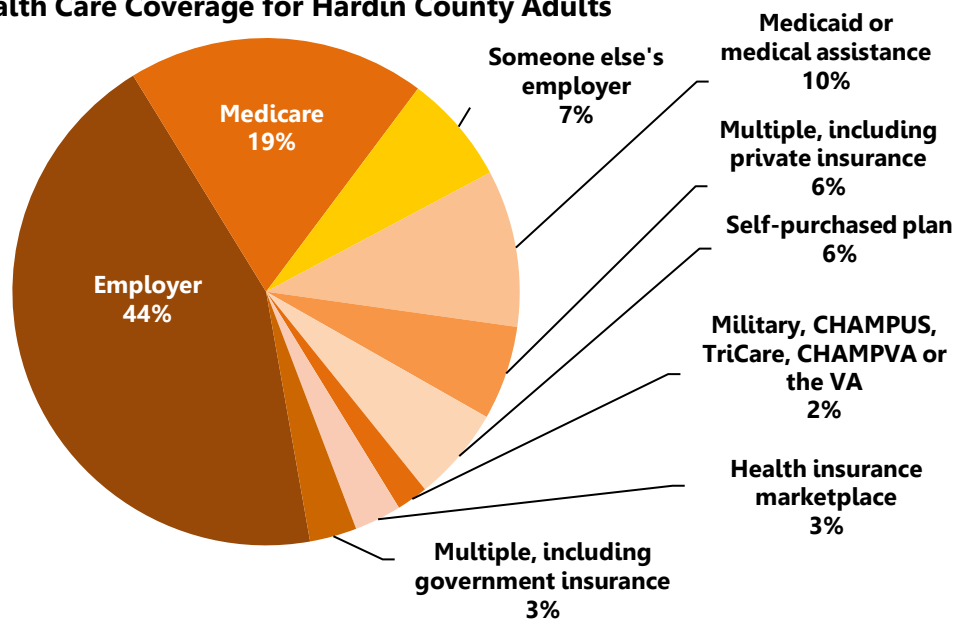
Health Coverage (*continued*)

- The following types of health care coverage were used: employer (44%); Medicare (19%); Medicaid or medical assistance (10%); someone else's employer (7%); self-purchased plan (6%); multiple, including private insurance (6%); Health Insurance Marketplace (3%); multiple, including government insurance (3%); and military, CHAMPUS, TriCare, CHAMPVA or the VA (2%).
- Adult health care coverage included the following:
 - Medical (96%)
 - Prescription coverage (88%)
 - Preventive health (84%)
 - Immunizations (81%)
 - Dental (75%)
 - Vision or eyeglasses (71%)
 - Mental health (70%)
 - Outpatient therapy (69%)
 - County physicians (67%)
 - Their spouse (58%)
 - Their children (51%)
 - Their partner (41%)
 - Alcohol and drug treatment (36%)
 - Long-term care (31%)
 - Hospice (29%)
 - Skilled nursing or assisted living (29%)
 - Home care (27%)
 - Transportation (18%)
- Adults had the following issues regarding their health care coverage:
 - Cost (44%)
 - Opted out of certain coverage because they could not afford it (13%)
 - Currently working with their insurance company (11%)
 - Could not understand their insurance plan (10%)
 - Service not deemed medically necessary (10%)
 - Opted out of certain coverage because they did not need it (9%)
 - Limited visits (7%)
 - Provider was no longer covered (6%)
 - Service no longer covered (4%)
 - Pre-existing conditions (2%)
- The top reasons uninsured adults gave for being without health care coverage were*:
 1. They lost their job or changed employers (47%)
 2. They could not afford to pay the premiums (36%)
 3. They did not think they needed it (20%)
- About one in five (21%) adults did not get their prescriptions from their doctor filled in the past year. Those adults reported the following reasons for not getting their prescriptions filled in the past 12 months:
 - Did not have any prescriptions to be filled (57%)
 - Too expensive (23%)
 - Did not think they needed it (19%)
 - No generic equivalent of what was prescribed (17%)
 - Fear of addiction (15%)
 - Side effects (11%)
 - Stretched current prescription by taking less than what was prescribed (6%)
 - No insurance (2%)
 - They were already taking too many medications (2%)

Health Coverage *(continued)*

The following chart identifies sources of health care coverage for Hardin County adults.

Source of Health Care Coverage for Hardin County Adults



The following table indicates what is included in Hardin County adults' health insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	96%	0%	4%
Prescription coverage	88%	4%	8%
Preventive health	84%	1%	15%
Immunizations	81%	1%	18%
Dental	75%	20%	5%
Vision/eyeglasses	71%	20%	9%
Mental health	70%	2%	28%
Outpatient therapy	69%	2%	29%
County physicians	67%	3%	30%
Their spouse	58%	30%	12%
Their children	51%	36%	13%
Their partner	41%	39%	20%
Alcohol and drug treatment	36%	2%	62%
Long-term care	31%	9%	60%
Hospice	29%	5%	66%
Skilled nursing/assisted living	29%	5%	66%
Home care	27%	6%	67%
Transportation	18%	25%	57%

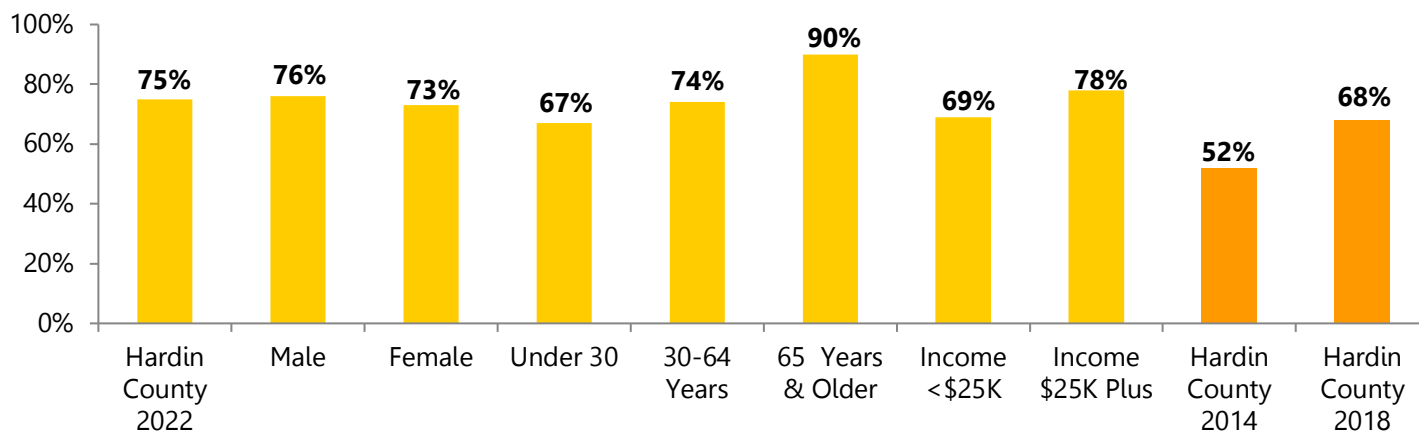
Health Care Access: Access and Utilization

Health Care Access and Utilization

- Three-fourths (75%) of Hardin County adults visited a doctor for a routine checkup in the past year, increasing to 90% of those ages 65 and older.
- Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (79%), compared to 52% of those without health care coverage.
- Eighty-seven percent (87%) of adults indicated they had at least one person they thought of as their personal doctor or health care provider.
- Adults with health care coverage were more likely to have at least one person they thought of as their personal doctor or health care provider (89%), compared to 67% of those without health care coverage.

The following graph shows the percentage of Hardin County adults who had a routine check-up in the past year. An example of how to interpret the information includes: 75% of all Hardin County adults had a routine check-up in the past year, including 69% of those with incomes less than \$25,000 and 90% of those 65 years and older.

Hardin County Adults who Visited a Doctor for a Routine Checkup in the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Visited a doctor for a routine checkup (in the past 12 months)	52%	68%	75%	77%	76%
Visited a doctor for a routine checkup (5 or more years ago)	11%	6%	8%	5%	5%
Had one or more persons they thought of as their personal health care provider	58%	86%	87%	86%	84%

Health Care Access and Utilization *(continued)*

- The following might prevent Hardin County adults from seeing a doctor if they were sick, injured, or needed some kind of health care:
 - Cost (31%)
 - Could not get time off work (12%)
 - Doctor would not take their insurance (9%)
 - Inconvenient hours (8%)
 - Difficult to get an appointment (8%)
 - Worried they might find something wrong (8%)
 - Frightened of the procedure or doctor (7%)
 - Do not trust or believe doctors (5%)
 - Could not find child care (4%)
 - Discrimination (3%)
 - Language barrier (3%)
 - Difficult to find/no transportation (3%)
 - Some other reason (2%)
- Over half (58%) of adults reported they received medical care in the past 12 months. Reasons for not receiving medical care included the following:
 - No need to go (14%)
 - Cost/no insurance (4%)
 - Language barrier (2%)
 - Do not trust or believe doctors/health care provider (2%)
 - Distance (1%)
 - Can access medical records online (1%)
 - Too embarrassed to seek help (<1%)
 - Inconvenient appointment times (<1%)
 - Too long of a wait for an appointment (<1%)
 - Other problems that prevented them from getting medical care (2%)
- Hardin County adults did not get any of the following recommended major care or preventive care due to cost:
 - Medications (7%)
 - Lab testing (5%)
 - Colonoscopy (5%)
 - Mammogram (5%)
 - Pap smear (4%)
 - Mental health services (4%)
 - Immunizations (3%)
 - Weight loss program (3%)
 - Family planning services (3%)
 - Surgery (2%)
 - Prostate testing (2%)
 - Alcohol and/or drug treatment (2%)
 - Smoking cessation (1%)
- Adults sought the following when they were sick or needed advice about their health:
 - A doctor's office (76%)
 - Urgent care center (29%)
 - A hospital emergency room (17%)
 - Chiropractor (16%)
 - Family and friends (15%)
 - Internet (14%)
 - Pharmacist (13%)
 - Telemedicine (7%)
 - A public health clinic/community health center (7%)
 - Alternative therapies (6%)
 - In-store health clinic (3%)
 - Veteran Affairs (3%)
 - Call 9-1-1/use ambulance service (2%)
 - Other (5%)

Health Care Access and Utilization *(continued)*

- Eighty-two percent (82%) of adults visited the following places outside of Hardin County for health care services in the past 12 months:
 - Specialty care (52%)
 - Primary care (44%)
 - Dental services (33%)
 - Female health services (27%)
 - Obstetrics/gynecology (21%)
 - Orthopedic care (16%)
 - Cardiac care (14%)
 - Pediatric care (10%)
 - Mental health care/counseling services (9%)
 - Cancer care (8%)
 - Addiction services (2%)
 - Pediatric therapies (2%)
 - Hospice/palliative care (2%)
 - Another service (18%)
- Hardin County adults reported traveling the following distances for health care services: less than 20 miles (53%), 20 to 40 miles (38%), 41 to 60 miles (5%), and more than 60 miles (4%).
- Adults went outside of Hardin County for health care services for the following reasons:
 - Service was not available locally (33%)
 - There was a better quality of a program (19%)
 - Had insurance restrictions (16%)
 - Did not like local services/providers (15%)
 - They used to live there (13%)
 - Work (11%)
 - Word of mouth (10%)
 - Had a bad experience locally (7%)
 - Hours not convenient (4%)
 - Confidentiality/anonymity (4%)
 - Wait list was too long in Hardin County (3%)
 - Other reasons (21%)
- Adults reported the following transportation issues when they needed health services: disabled (3%), no car (2%), could not afford gas (2%), did not feel safe to drive (2%), suspended/no driver's license (1%), no car insurance (<1%), and other care issues/expenses (<1%). Ninety-two percent (92%) of adults reported no transportation issues.
- Hardin County adults reported feeling confident in the following: filling out medical forms accurately (88%), following the advice of their health care provider (86%), following instructions correctly on a medicine or prescription container (85%), knowing their health care providers exchange information for proper care (63%), and knowing how to obtain health insurance that best fits their needs (61%). Four percent (4%) of adults reported they were not confident in any of the above.

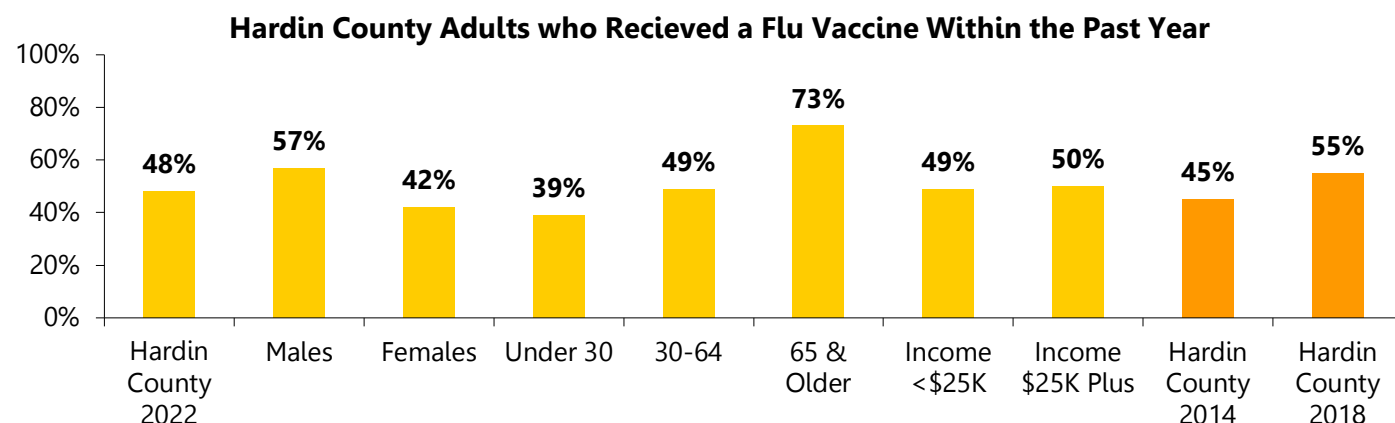
Health Care Access: Preventive Medicine

Preventive Medicine

48% of adults, or approximately 11,348 Hardin County adults had a flu vaccine in the past 12 months.

- Thirty-four percent (34%) of adults had a pneumonia vaccine in their lifetime, increasing to 66% of those ages 65 and older.
- Nearly half (48%) of Hardin County adults had a flu vaccine during the past 12 months.
- Seventy-three percent (73%) of Hardin County adults ages 65 and older had a flu vaccine in the past 12 months.

The following graph shows the percentage of Hardin County adults who received a flu vaccine within the past year. An example of how to interpret the information shown on the graph includes: 48% of Hardin County adults received a flu shot within the past year, including 57% of males and 73% of those ages 65 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Had a flu vaccine within the past year (ages 65 and over)	63%	70%	73%	66%	67%
Ever had a pneumonia vaccine (ages 65 and older)	44%	66%	66%	71%	71%

Healthy People 2030 Immunization and Infectious Diseases (IID)

Objective	Hardin County 2022	Ohio 2021	U.S. 2021	Healthy People 2030 Target
IID-09: Increase the proportion of persons who are vaccinated annually against seasonal influenza	48%	66%*	67%*	70%

* 2021 BRFSS data indicates adults aged 65+ who have had a flu shot within the past year.

(Sources: Healthy People 2030 Objectives, 2022 Hardin County Community Health Assessment)

Preventive Medicine *(continued)*

- Hardin County adults had the following vaccines:
 - Measles, mumps, and rubella (MMR) in their lifetime (80%)
 - Tetanus booster (Td/Tdap) in the past 10 years (73%)
 - COVID-19 (Moderna, Pfizer, Johnson & Johnson) vaccine (61%)
 - Chicken pox (varicella) vaccine in their lifetime (58%)
 - Hepatitis B vaccine in their lifetime (45%)
 - Hepatitis A vaccine in their lifetime (36%)
 - Haemophilus influenzae or Influenza type B (HiB) vaccine in their lifetime (27%)
 - Meningococcal vaccine (MenACWY or MenB) in their lifetime (24%)
 - Zoster (shingles) vaccine in their lifetime (20%)
 - Human papillomavirus (HPV) vaccine in their lifetime (16%)
- In the past 12 months, adults reported their doctor talked to them about the following topics:
 - Immunizations (57%)
 - Women's specific exams (44%)
 - Family history (42%)
 - Depression, anxiety, or emotional problems (40%)
 - Weight control (38%)
 - Safe use of prescription medication (28%)
 - Tobacco use (21%)
 - PSA testing (20%)
 - Family planning (16%)
 - Alcohol use (13%)
 - Falls (12%)
 - Bone density (10%)
 - Sexually transmitted diseases (STD's) (10%)
 - Injury prevention i.e., safety belts, helmets, smoke detectors) (9%)
 - Safe use of opiate-based pain medications (9%)
 - Self-testicular exams (8%)
 - Illicit drug abuse (6%)
 - Domestic violence (6%)
 - Firearm safety (2%)

The below data depicts 2022 screening and COVID testing data from Ohio Northern University Healthwise (Pharmacy and Mobile Clinic combined).

Vaccines (total = 8,125)	Number
COVID-19	6,816
Td (adult)	3
Influenza, high-dose	82
Zoster recombinant	51
HPV	98
Influenza inj quadrivalent w/presv. 6+ mos	924
Influenza vaccine, quadrivalent, adjuvanted	28
Varicella	6
Pneumococcal conjugate PCV	13
Hep B, adult	66
Hep A, adult	1
MMR	4
Meningococcal MCV4P	12
Influenza, injectable, MDCK, quadrivalent, preservative	4
Hep B, adolescent or pediatric:	2
Tdap 47 1 influenza, unspecified formulation	1
Hep A-Hep B	3

(Source: Ohio Northern University, Healthwise, 2022)

The below data depicts 2022 screening and COVID testing data from Ohio Northern University Healthwise (Pharmacy and Mobile Clinic combined).

Screenings (total = 1,463)	Percent
Blood pressure	34%
Blood glucose	22%
Cholesterol panel	28%
Bone mineral density	15%
Dermatology (skin scope)	9%
COVID testing	Number
COVID antigen testing	19,325

(Source: Ohio Northern University, Healthwise, 2022)

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2023

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	2- or 3- dose primary series and booster (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

(Source: Centers for Disease Control and Prevention, Recommended Adult Immunization Schedule, 2023)

Health Care Access: Women's Health

Women's Health Screenings

- A mammogram is an x-ray picture of the breast. Fifty-six percent (56%) of women had a mammogram at some time in their life, and 29% had this screening in the past year.
- Almost half (46%) of women ages 40 and over had a mammogram in the past year, and 64% had one in the past two years.
- A clinical breast exam is a physical exam done by a health care provider. Ninety percent (90%) Hardin County women had a clinical breast exam at some time in their life, and 53% had one within the past year. Sixty percent (60%) of women ages 40 and over had a clinical breast exam in the past two years.
- A Pap smear is a procedure to test for cervical cancer in women. Ninety percent (90%) of Hardin County women ages 21-65 had a Pap smear at some time in their life, and 38% reported having had the exam in the past year. Sixty-two percent (62%) of women had a Pap smear in the past three years. Six percent (6%) of women reported the screening was not recommended by their doctor.
- Women used the following as their usual source of services for female health concerns: private gynecologist office (57%), general or family physician office (20%), community health center (4%), family planning clinic (2%), Hardin County Health Department clinic (1%), and some other place (2%). Fourteen percent (14%) of women indicated they did not have a usual source of services for female health concerns.

Hardin County Female Leading Causes of Death, 2018-2020

Total Female Deaths: 517

1. Heart Diseases (27% of all deaths)
2. Cancers (19%)
3. Chronic Lower Respiratory Diseases (8%)
4. Alzheimer's Disease (5%)
5. COVID-19 (3%)

(Source: Ohio Public Health Data Warehouse, 2018-2020)

Ohio Female Leading Causes of Death, 2018 – 2020

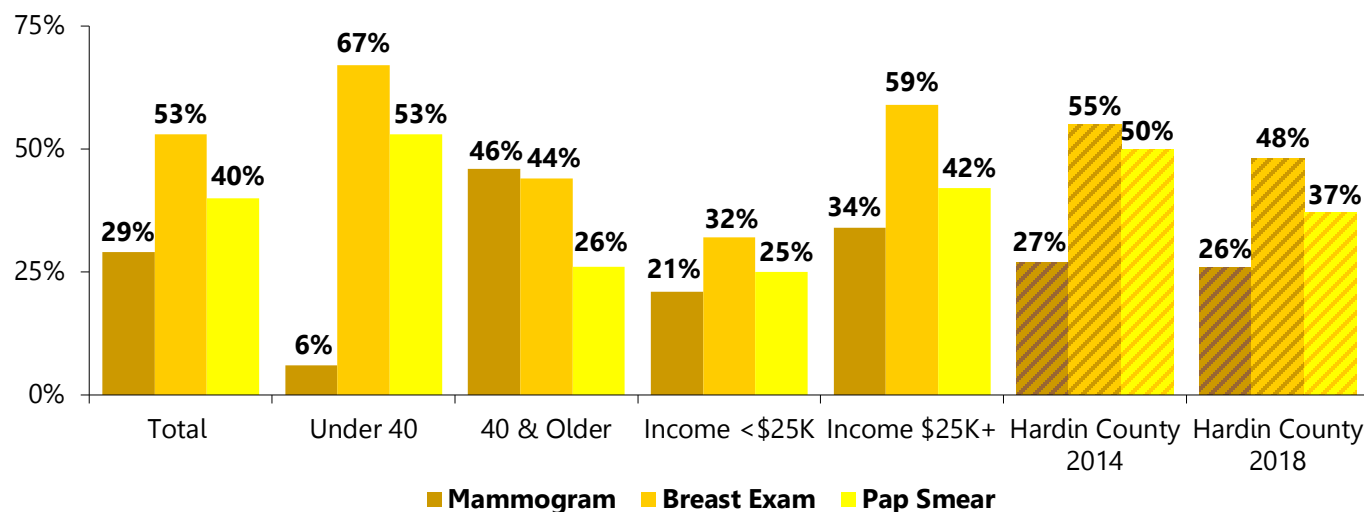
Total Female Deaths: 192,857

1. Heart Diseases (22% of all deaths)
2. Cancers (18%)
3. Stroke (6%)
4. Alzheimer's disease (6%)
5. Chronic Lower Respiratory Diseases (6%)

(Source: Ohio Public Health Data Warehouse, 2018-2020)

The following graph shows the percentage of Hardin County females that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 29% of Hardin County females had a mammogram within the past year, 53% had a clinical breast exam, and 40% had a Pap smear.

Hardin County Women's Health Exams Within the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Women's Health Screenings *(continued)*

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Had a mammogram within the past two years (ages 40 and over)	61%	65%	64%	71%*	72%*
Had a Pap smear in the past three years (ages 21-65)	69%	66%	62%	77%*	78%*
Had a clinical breast exam in the past two years (women ages 40 and older)	66%	65%	60%	N/A	N/A

N/A – Not available

*2020 BRFSS

Women's Health Concerns

Health Topic	2014 Hardin County Women	2018 Hardin County Women	2022 Hardin County Women	2021 Ohio Women	2021 U.S. Women
Obese	34%	45%	42%	39%	34%
High blood pressure	22%	43%	27%	34%	31%
High blood cholesterol	28%	39%	29%	34%	35%
Current smoker	15%	17%	17%	18%	12%
Diabetes	9%	16%	9%	12%	11%
Heart attack	2%	5%	1%	4%	N/A
Coronary heart disease	N/A	7%	2%	4%	N/A
Stroke	1%	3%	1%	4%	N/A

N/A – Not available

Health Care Access: Men's Health

Men's Health Screenings

- A prostate-specific antigen (PSA) test measures the level of PSA in the blood and is a common method utilized to screen for prostate cancer. More than half (55%) of Hardin County males had a prostate-specific antigen (PSA) test at some time in their life, and 39% had one in the past year.
- Forty-three percent (43%) of men indicated a doctor or other health professional had talked to them about PSA testing in the past year.
- Four percent (4%) of men reported they had not gotten a PSA test due to cost.
- Seventeen percent (17%) of men indicated a doctor or other health professional had talked to them about self-testicular exams in the past year.
- More than one quarter (28%) of Hardin County males performed a self-testicular exam in the past year. Thirteen percent (13%) of males indicated they had never been taught by a health professional how to perform a self-testicular exam.

Hardin County Male Leading Causes of Death, 2018 – 2020

Total Male Deaths: 548

1. Cancers (21% of all deaths)
2. Heart Diseases (20%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (8%)
5. COVID-19 (5%)

(Source: Ohio Public Health Data Warehouse, 2018-2020)

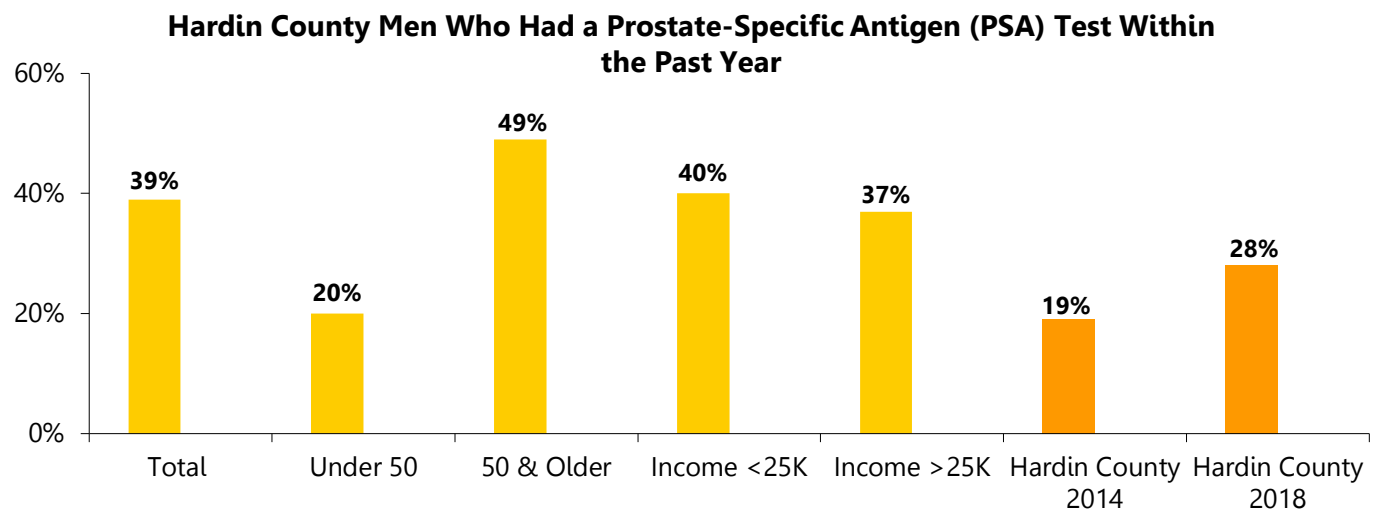
Ohio Male Leading Causes of Death, 2018 – 2020

Total Male Deaths: 198,794

1. Heart Diseases (24% of all deaths)
2. Cancers (20%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (5%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2018-2020)

The following graph shows the percentage of Hardin County male adults that had a PSA test within the past year. An example of how to interpret the information shown on the graph includes: 39% of Hardin County males had a PSA test within the past year, including 49% of those ages 50 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Men's Health Screenings, (Continued)

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Had a PSA test within the past year (of all males)	19%	28%	39%	N/A	N/A
Had a PSA test within the past two years (of males ages 40 and older)	45%	52%	60%	32%*	32%*

N/A – Not Available

*2020 BRFSS

Men's Health Concerns

Health Topic	2014 Hardin County Men	2018 Hardin County Men	2022 Hardin County Men	2021 Ohio Men	2021 U.S. Men
Obese	34%	36%	47%	36%	32%
High blood pressure	29%	46%	59%	38%	35%
High blood cholesterol	29%	48%	53%	37%	37%
Diabetes	15%	16%	16%	13%	12%
Current smoker	20%	16%	11%	18%	15%
Heart attack	5%	8%	11%	7%	N/A
Coronary heart disease	N/A	9%	4%	9%	N/A
Stroke	2%	2%	5%	4%	N/A

N/A – Not Available

Health Care Access: Oral Health

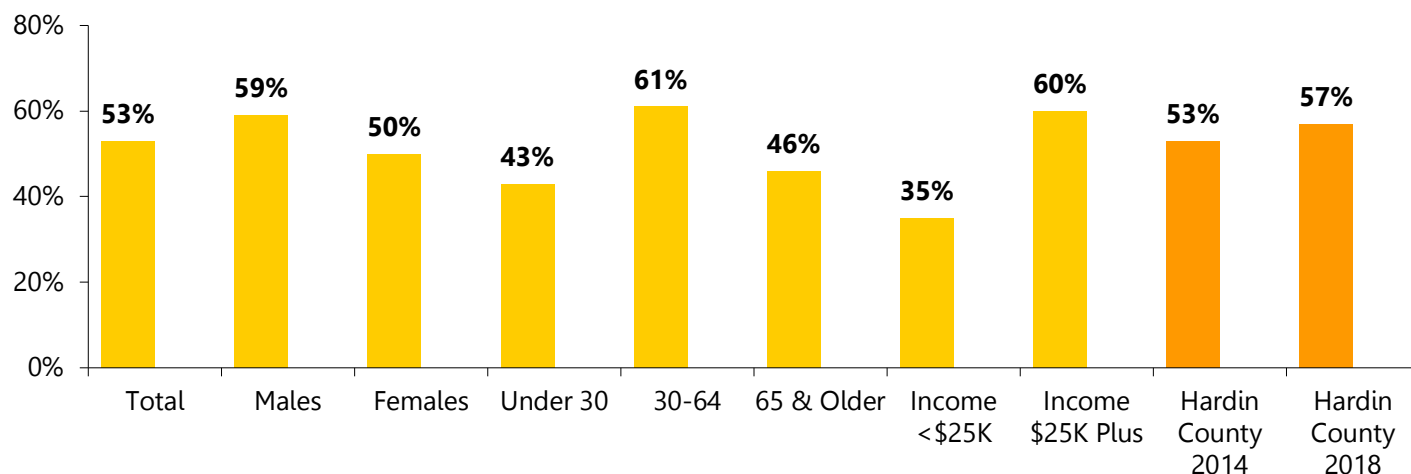
Access to Dental Care

17% of adults, or approximately 4,019 Hardin County adults last visited a dentist or dental clinic five or more years ago.

- In the past year, 53% Hardin County adults had visited a dentist or dental clinic, decreasing to 35% of those with incomes less than \$25,000.
- Fifty-six percent (56%) of Hardin County adults with health insurance had been to the dentist in the past year, compared to 32% of those without health insurance.

The following graph provides information about the frequency of Hardin County adult dental visits. An example of how to interpret the information includes: 53% of Hardin County adults had been to the dentist or dental clinic in the past year, including 50% of females and 35% of those with incomes less than \$25,000.

Hardin County Adults Visiting a Dentist or Dental Clinic in the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Visited a dentist or a dental clinic (within the past year)	53%	57%	53%	65%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	17%	18%	17%	N/A	N/A

N/A – Not Available

*2020 BRFSS data

Access to Dental Care *(continued)*

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never	Don't Know
Time Since Last Visit to Dentist/Dental Clinic						
Males	59%	8%	7%	22%	3%	1%
Females	50%	16%	18%	13%	0%	3%
Total	53%	13%	13%	17%	1%	3%

- Hardin County adults reported the following reasons for not visiting a dentist in the past year:
 - Cost (26%)
 - Had no reason to go/had not thought of it (26%)
 - Had dentures (14%)
 - Fear, apprehension, nervousness, pain, and dislike going (10%)
 - Could not find a dentist who accepted Medicaid (2%)
 - Could not get into a dentist (1%)
 - Other reasons (5%)
- Hardin County adults reported having the following oral health issues: oral pain (12%), difficulty eating/chewing (10%), oral bleeding (6%), loose teeth (5%), no teeth (5%), skipped meals due to oral pain (4%), missed work due to oral pain (3%), problem with dentures (3%), and other reasons (11%). Nearly three-fourths (72%) of adults reported having no oral health issues.

HEALTH BEHAVIORS

Adult Health Status Perceptions

Adult Weight Status

Adult Diet and Nutrition

Adult Tobacco Use

Adult Alcohol Consumption

Adult Drug Use

Adult Sexual Behavior

Adult Mental Health and Suicide

Note for population: "adults" are defined throughout the report as those ages 19 and older living in Hardin County

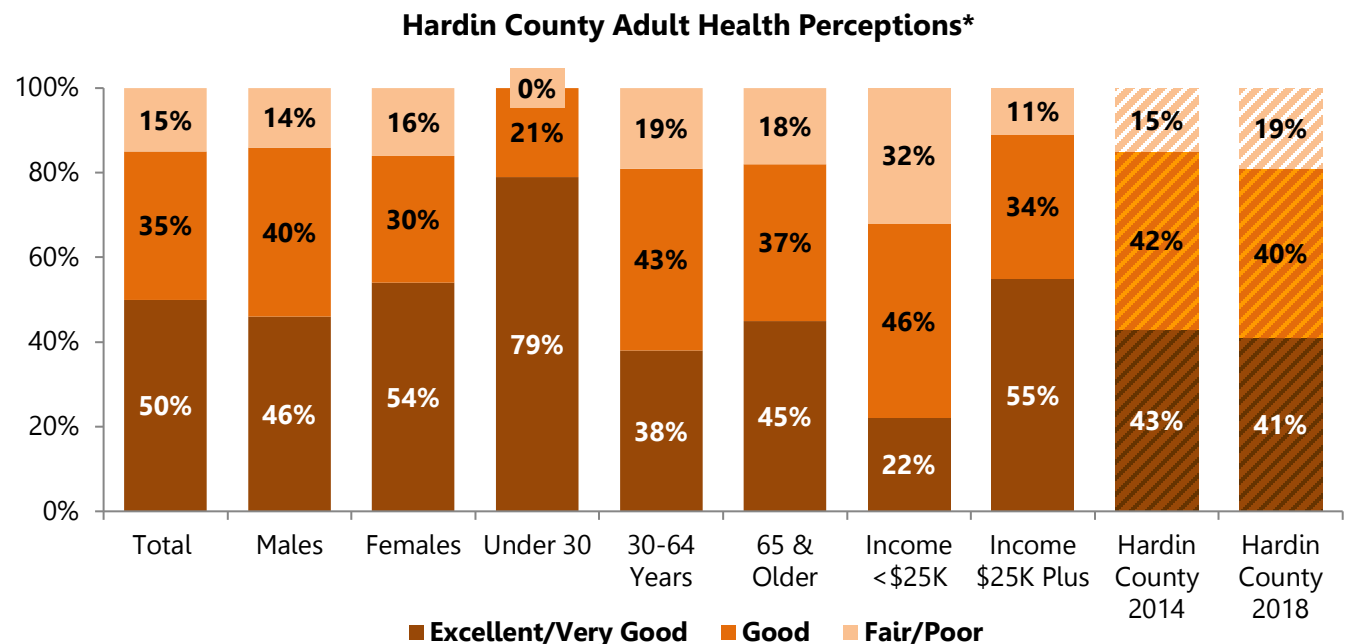
Health Behaviors: Adult Health Status Perceptions

General Health Status

15% of adults, or approximately 3,546 Hardin County adults, rated their general health as fair or poor.

- Half (50%) of Hardin County adults rated their health as excellent or very good. Hardin County adults with higher incomes (55%) were most likely to rate their health as excellent or very good, compared to 22% of those with incomes less than \$25,000.
- Fifteen percent (15%) of adults rated their health as fair or poor.
- Hardin County adults were most likely to rate their health as fair or poor if they:
 - Had been diagnosed with diabetes (50%)
 - Had an annual household income under \$25,000 (32%)
 - Had high blood pressure (25%)
 - Had high blood cholesterol (23%)
 - Were 30-64 years old (19%)
- More than one-quarter (29%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation at least one day in the past month.

The following graph shows the percentage of Hardin County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 50% of all Hardin County adults, 46% of males, and 45% of those ages 65 and older rated their health as excellent or very good.



**Respondents were asked: "Would you say that in general your health is excellent/very good, good, and fair/poor?"*

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Physical Health Status

- One quarter (25%) of Hardin County adults rated their physical health as not good on four or more days in the past month.
- Hardin County adults reported their physical health as not good on an average of 4.3 days in the past month.
- Nearly one-third (32%) of Hardin County adults were most likely to rate their physical health as not good (on four or more days during the past month) if they had an annual household income under \$25,000.

Mental Health Status

- Forty percent (40%) of Hardin County adults rated their mental health as not good on four or more days in the past month.
- Hardin County adults reported their mental health as not good on an average of 6.2 days in the past month.
- Hardin County adults were most likely to rate their mental health as not good (on four or more days during the past month) if they:
 - Were female (49%)
 - Had an annual household income over \$25,000 (41%)

The following table shows the percentage of adults with poor physical and mental health in the past 30 days.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	54%	17%	5%	3%	15%
Females	50%	13%	8%	1%	18%
Total	52%	15%	7%	2%	17%
Mental Health Not Good in Past 30 Days*					
Males	59%	6%	8%	1%	22%
Females	32%	13%	17%	5%	27%
Total	45%	9%	13%	3%	24%

*Totals may not equal 100% as some respondents answered, "Don't know/Not sure".

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Rated health as good, very good, or excellent	85%	81%	85%	83%	85%
Rated general health as excellent or very good	43%	41%	50%	51%	53%
Rated general health as fair or poor	15%	19%	15%	17%	15%
Rated mental health as not good on four or more days (in the past 30 days)	27%	34%	40%	31%	29%
Rated physical health as not good on four or more days (in the past 30 days)	20%	22%	25%	21%	20%
Average number of days that physical health was not good (in the past 30 days)	3.1	4.3	4.3	4.2*	3.9*
Average number of days that mental health was not good (in the past 30 days)	4.2	4.7	6.2	5.2*	4.5*
Poor physical or mental health kept from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	24%	25%	29%	N/A	N/A

N/A—Not available

*2019 BRFSS Data compiled by 2022 County Health Rankings

Health Behaviors: Adult Weight Status

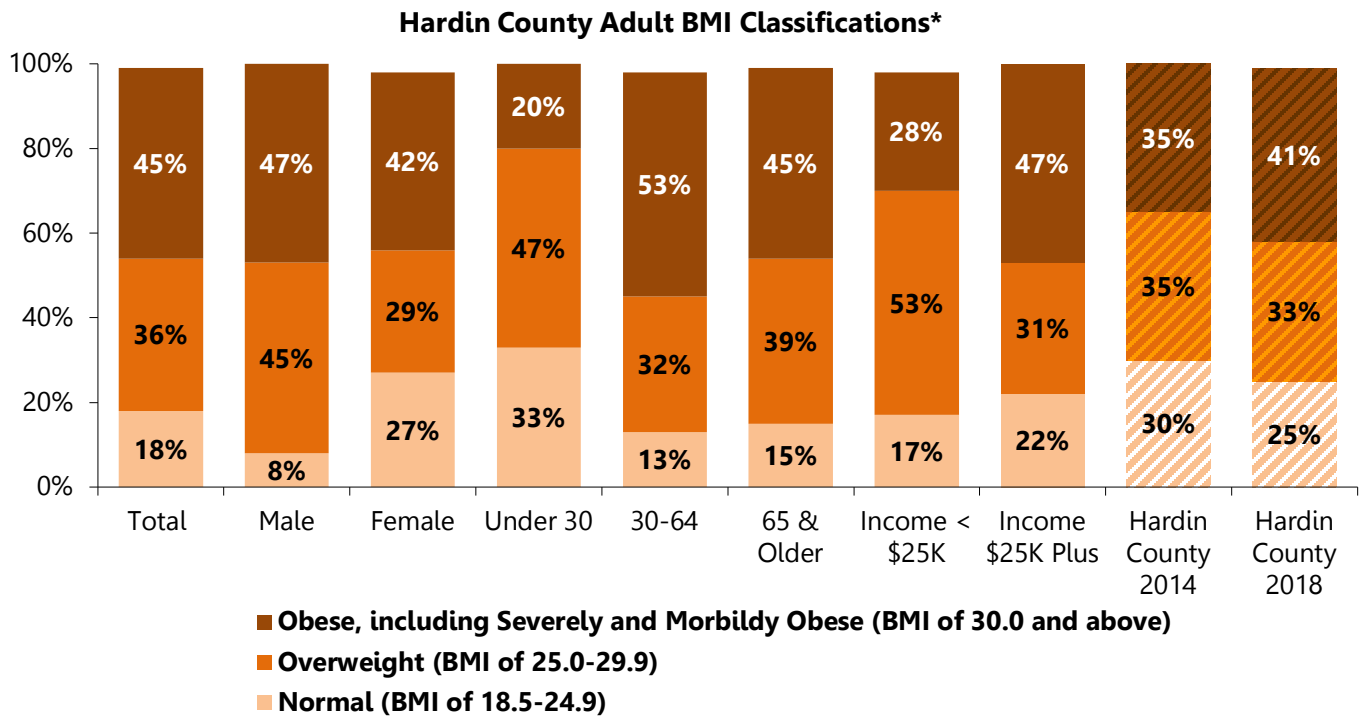
Adult Weight Status

45% of adults, or approximately 10,638 Hardin County adults, were obese.

- Nearly three in four (74%) adults were either overweight (36%), obese (26%), severely obese (9%), or morbidly obese (10%) by Body Mass Index (BMI), putting them at elevated risk for developing a variety of preventable diseases.
- Nearly two-fifths (37%) of adults were trying to lose weight, 30% were trying to maintain their current weight or keep from gaining weight, and 7% were trying to gain weight. Twenty-six percent (26%) of adults reported doing none of the above.
- Adults did the following to lose weight or keep from gaining weight:
 - Drink more water (41%)
 - Eat less food, fewer calories, or foods low in fat (32%)
 - Exercise (30%)
 - Eat a low-carb diet (11%)
 - Take medications prescribed by a health professional (4%)
 - Health care provider's advice (4%)
 - Use a weight loss program such as weight watchers, Jenny Craig, etc. (3%)
 - Go without eating for 24 hours (2%)
 - Take any diet pills, powders, or liquids without a doctor's advice (2%)
 - Participate in a dietary or fitness program prescribed by a health professional (1%)
 - Smoke cigarettes (<1%)
 - Bariatric surgery (preparation or maintenance) (<1%)
 - Health coaching (<1%)
 - Other (2%)

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Overweight	35%	33%	36%	33%	34%
Obese (including severely or morbidly obese)	35%	41%	45%	38%	34%

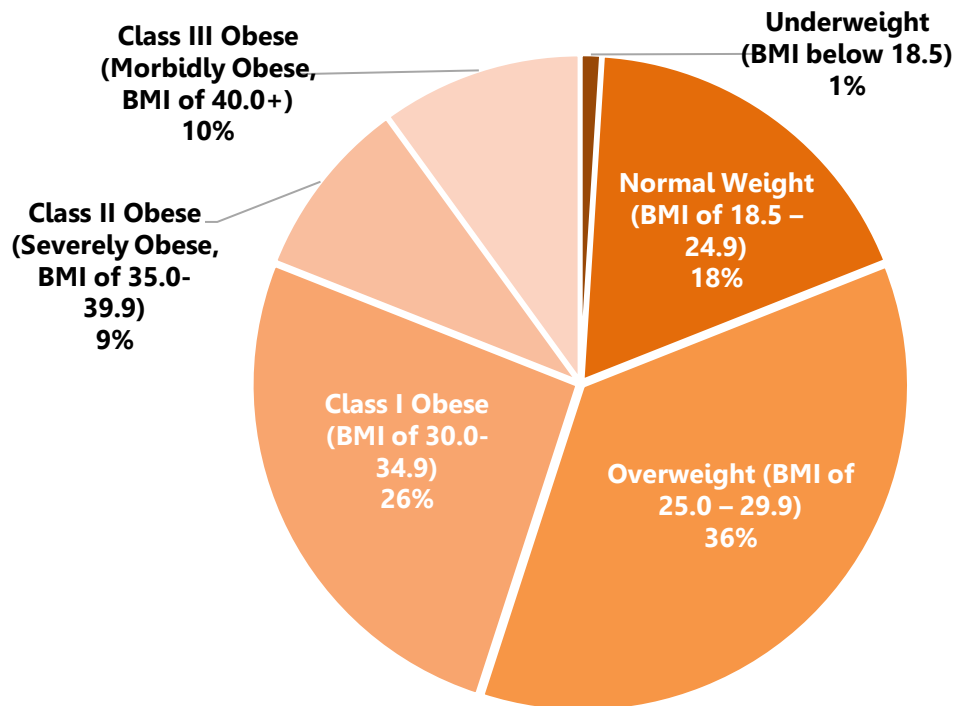
The following graph shows the percentage of Hardin County adults who were overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 18% of all Hardin County adults were classified as normal weight, 36% were overweight and 45% were obese.



**Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight*

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

The following chart indicates the weight status of Hardin County adults.



Physical Activity

- Thirty-eight percent (38%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 1 to 3 days per week. Thirty-eight percent (38%) of adults exercised 4 or more days per week. More than one-fifth (24%) of adults did not participate in any physical activity in the past week, including 2% who were unable to exercise.
- Reasons for not exercising included the following:
 - Too tired or do not have energy (48%)
 - Did not have enough time (41%)
 - Pain/discomfort (34%)
 - Self-motivation or will power (31%)
 - Weather (24%)
 - Did not like to exercise (23%)
 - Already got enough exercise (22%)
 - Lazy (21%)
 - Cannot afford a gym membership (20%)
 - Ill or otherwise physically unable (16%)
 - No sidewalks or poorly maintained sidewalks (14%)
 - Did not have an exercise partner/do not have anyone to be active with (12%)
 - Did not enjoy being active (11%)
 - Did not know what activity to do (11%)
 - No personal reason (9%)
 - No walking, bike trails, or parks (7%)
 - Afraid of injury (5%)
 - Lack of opportunities for those with physical impairments or challenges (5%)
 - Gym is not available (3%)
 - Neighborhood safety/their neighborhood is not safe (3%)
 - Too expensive (2%)
 - Did not have child care (1%)
 - No transportation to a gym or other exercise opportunity (1%)
 - Other (5%)
- Adults reported they use or visit the parks, bike trails, and walking paths in their community very often (4%), somewhat often (16%), not very often (41%), and not at all (31%). Eight percent (8%) of adults reported there were no parks, bike trails, or walking paths available in their community.
- Adults reported the following would help them use community parks, bike trails and walking paths more frequently:
 - More available parks, bike trails, and walking paths (42%)
 - Better promotion and advertising of existing parks, trails, and paths (22%)
 - More public events and programs involving parks, trails, and paths (19%)
 - Improvements to existing parks, trails, and paths (17%)
 - Designated safe routes (12%)

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Did not participate in any type of physical activity or exercise in the past week (for at least 30 minutes)	26%	26%	24%	N/A	N/A

N/A – Not Available

Health Behaviors: Adult Diet and Nutrition

Nutrition

17% of adults, or approximately 4,019 Hardin County adults, ate 0 servings of fruits and vegetables per day.

The table below indicates the number of servings of fruit, vegetables, sugar-sweetened beverages, and caffeinated beverages Hardin County adults consumed daily.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	<1%	10%	73%	17%
Vegetables	2%	20%	71%	7%
Sugar-sweetened beverages*	5%	11%	44%	40%
Caffeinated beverages**	12%	24%	49%	15%

**Sugar-sweetened beverages include pop (not diet), fruit-flavored drinks (such as Kool-Aid or lemonade), sweetened coffee or tea, sports drinks (such as Gatorade), smoothies, and fruit juice*

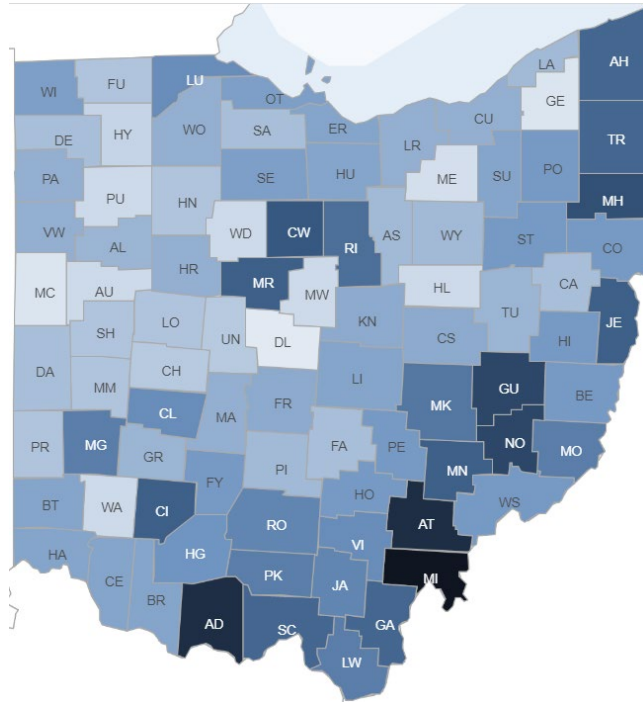
***Caffeinated beverages include coffee, espresso, tea, energy drinks (such as Red Bull), or caffeinated pop (such as Mt. Dew)*

- Forty-five percent (45%) of adults ate between 1-to-2 servings of fruits **and/or** vegetables per day. Thirty percent (30%) of adults ate 3-to-4 servings per day, and 21% of adults ate 5 or more servings per day. Four percent (4%) of adults ate 0 servings of fruits **and/or** vegetables per day.
- Hardin County adults reported the following reasons they chose the types of food they ate:
 - Taste/enjoyment (79%)
 - Cost (59%)
 - Healthiness of food (56%)
 - Ease of preparation/time (49%)
 - Food that they are used to (47%)
 - Availability (42%)
 - What their family prefers (35%)
 - Nutritional content (34%)
 - Calorie content (23%)
 - If it is organic (10%)
 - Gluten-free (10%)
 - Other food sensitivities (10%)
 - Artificial sweetener content (8%)
 - Lactose-free (7%)
 - If it is genetically modified (GMO) (6%)
 - Limitations due to dental issues (5%)
 - Limitations set by WIC (3%)
- Hardin County adults reported they obtained their fresh fruits and vegetables from the following:
 - Large grocery store (ex. Wal-mart, Meijer, Kroger) (91%)
 - Local grocery store (ex. Chief, Save-A-Lot) (42%)
 - Growing their own/garden (33%)
 - Farmer's market (32%)
 - Dollar General/Store (9%)
 - Veggie mobile/mobile produce (6%)
 - Food pantry (6%)
 - Corner/convenience stores (5%)
 - Community garden (2%)
 - Group purchasing, Community Supported Agriculture (2%)
 - Mail order food services (1%)
 - Other (5%)

Nutrition *(continued)*

The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation and 10 being the best). The two variables used to determine the measure are limited access to healthy foods (i.e., the percentage of the population who are low income and do not live close to a grocery store) & food insecurity (i.e., the percentage of the population who did not have access to a reliable source of food during the past year).

- The food environment index in Hardin County is 7.8
- The food environment index in Ohio is 6.8.



Hardin County had a
food index measure of:

7.8



(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2022)

Health Behaviors: Adult Tobacco Use

Adult Tobacco Use

14% of adults, or approximately 3,310 Hardin County adults, were current smokers.

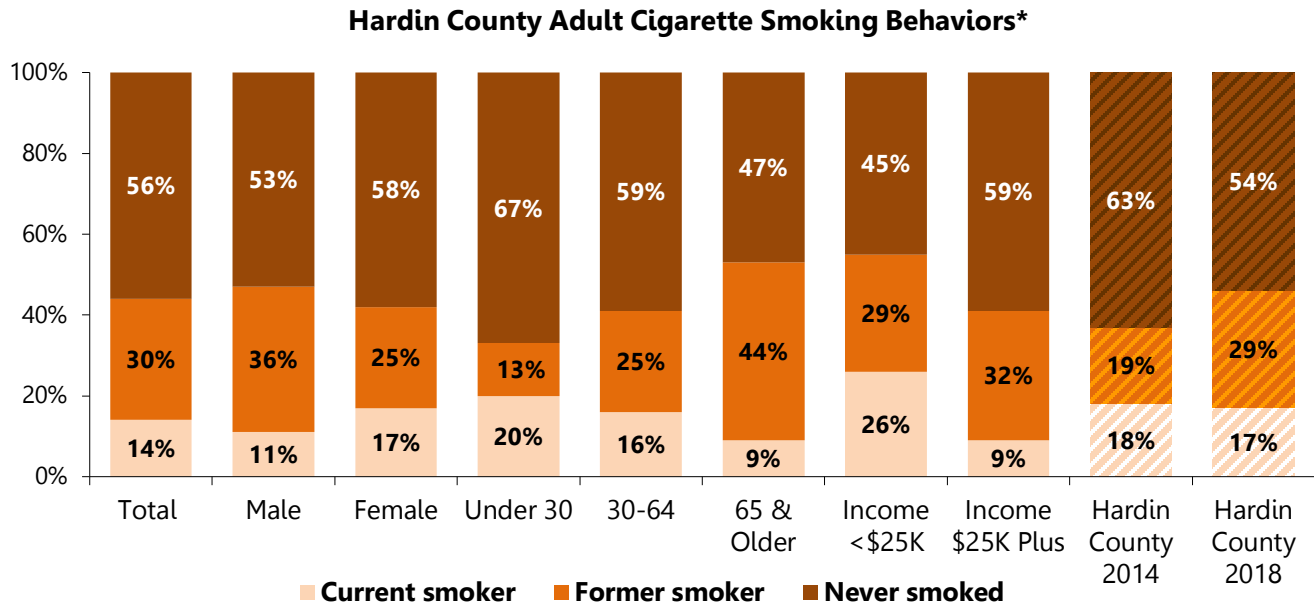
- Fourteen percent (14%) of adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Adult smokers were more likely to have:
 - Rated their health status as fair or poor (33%)
 - Incomes less than \$25,000 (26%)
 - Been female (17%)
- More than one-quarter (30%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Adult smokers reported they used the following methods to quit smoking in the past year: cold turkey (39%); e-cigarette (25%); nicotine replacement therapy (i.e., nicotine gum, nicotine patch, nasal spray) (18%); substitute behaviors (7%); and prescription medication (4%).
- Adults used the following tobacco products in the past 30 days:
 - Cigarettes (13%)
 - E-cigarettes/vape pens (9%)
 - Cigars, cigarillos, little cigars (ex. Black & Milds) (4%)
 - Smokeless tobacco (ex: chewing tobacco, scrap, dip, snuff, snus) (2%)
 - Pipes (0%)
- Adults used the following tobacco products in the past year:
 - Cigarettes (19%)
 - E-cigarettes/vape pens (12%)
 - Cigars, cigarillos, little cigars (ex. Black & Milds) (9%)
 - Smokeless tobacco (ex: chewing tobacco, scrap, dip, snuff, snus) (5%)
 - Pipes (1%)
- Ten percent (10%) of Hardin County adults were current e-cigarette users (those who indicated they use electronic vaping products every day or some days).

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Current smoker (currently smoke some or all days)	18%	17%	14%	18%	14%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	19%	29%	30%	25%	25%
Current e-cigarette user (vaped on some or all days)	N/A	4%	10%	8%	7%

N/A – Not Available

Adult Tobacco Use *(continued)*

The following graph shows Hardin County adults smoking behaviors. Examples of how to interpret the information include: 14% of all Hardin County adults were current smokers, 30% of all adults were former smokers, and 56% had never smoked.

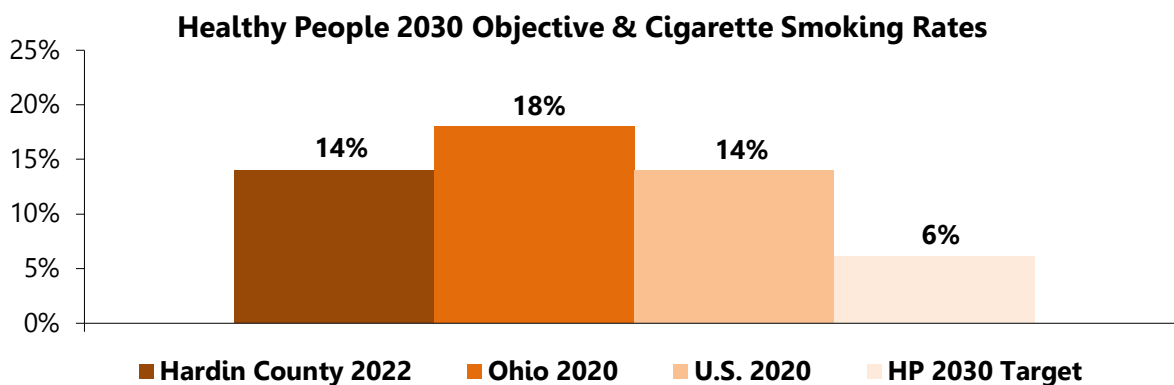


**Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"*

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows Hardin County, Ohio, and U.S. adult cigarette smoking rates. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. This graph shows:

- The Hardin County adult cigarette smoking rate was lower than the Ohio rate, the same as the U.S. rate, and higher than the Healthy People 2030 target objective.

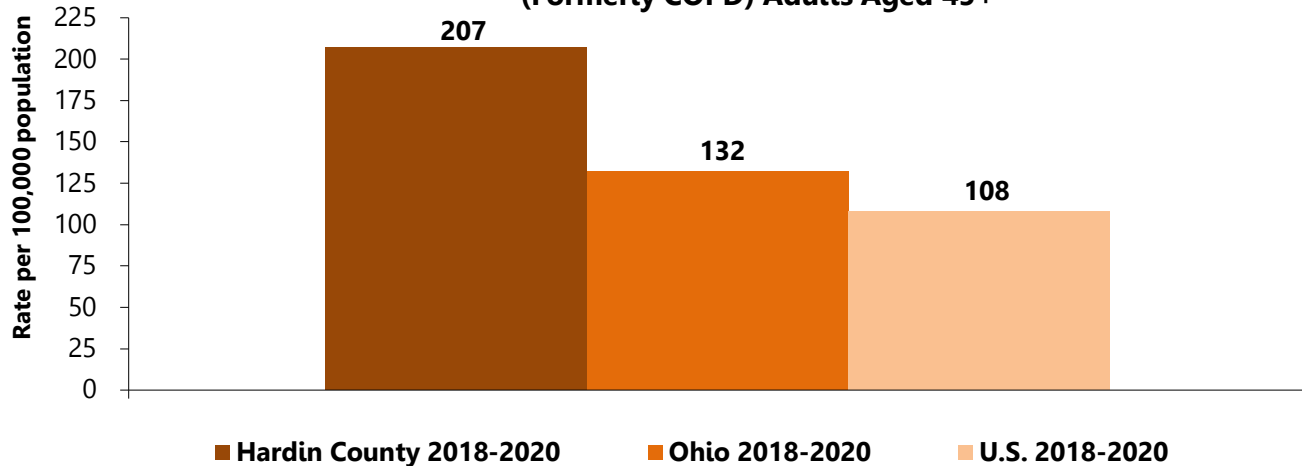


(Sources: 2022 Hardin County Health Assessment, 2020 BRFSS, and Healthy People 2030)

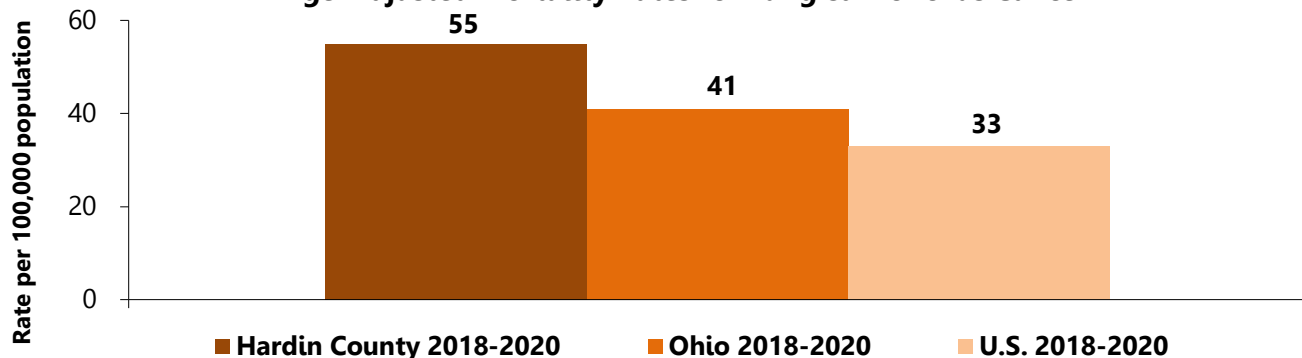
The first graph shows Hardin County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD). The second and third graphs show lung and bronchus cancer age-adjusted mortality rates in comparison with Ohio and U.S. rates. These graphs show:

- From 2018-to-2020, Hardin County's age-adjusted mortality rate for chronic lower respiratory disease was higher than the U.S. and Ohio rates.
- Hardin County lung and bronchus cancer age-adjusted mortality rates were higher than U.S. and Ohio rates. The Hardin County female mortality rate was higher than the male mortality rate.

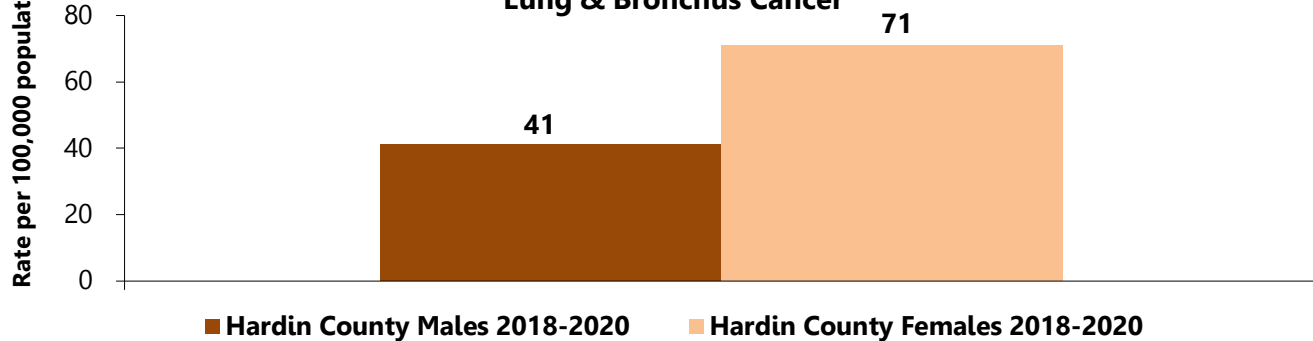
**Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases
(Formerly COPD) Adults Aged 45+**



Age-Adjusted Mortality Rates for Lung & Bronchus Cancer



**Age-Adjusted Mortality Rates by Gender for
Lung & Bronchus Cancer**



(Sources for graphs: Healthy People 2030, Ohio Public Health Data Warehouse 2018-2020, CDC Wonder 2018-2020)

Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

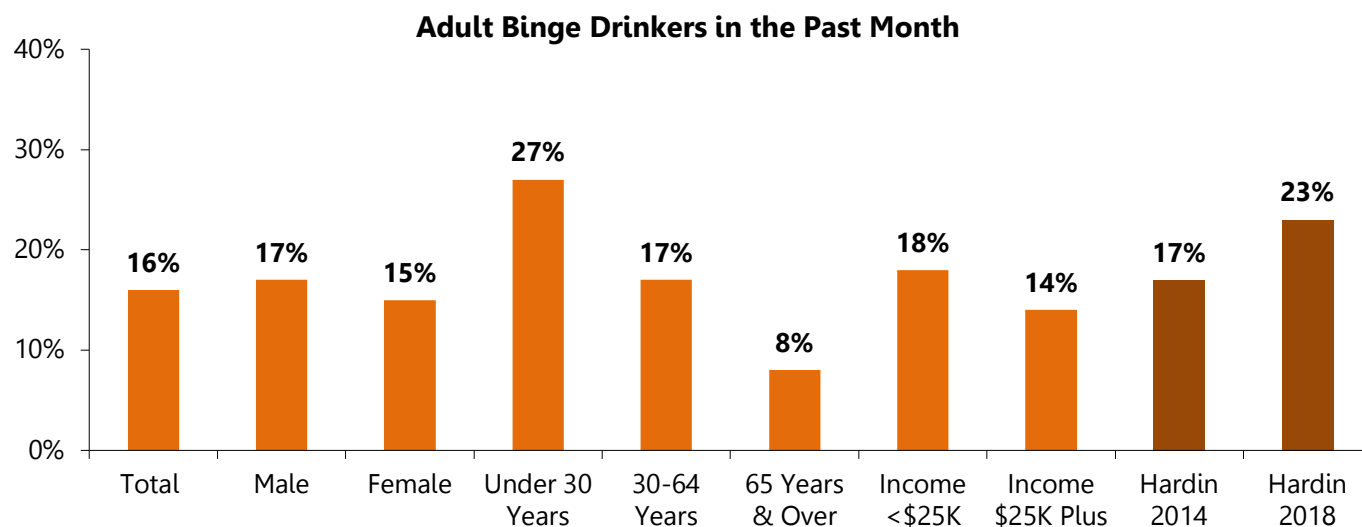
Health Behaviors: Adult Alcohol Consumption

Adult Alcohol Consumption

16% of adults, or approximately 3,783 Hardin County adults, were considered binge drinkers.

- More than half (52%) of adults had at least one alcoholic drink in the past month, increasing to 54% of those with incomes more than \$25,000 and 60% of males.
- Of current drinkers, adults drank 4.3 drinks on average on the days that they drank.
- Sixteen percent (16%) of all Hardin County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Among current drinkers, 31% were considered binge drinkers.
- In the past month, 4% of adults reported driving after having perhaps too much to drink.
- Hardin County adults reported the following reasons for drinking alcohol:
 - Social events (37%)
 - Taste/enjoyment (36%)
 - Helps them relax/relieve stress (26%)
 - They like the way it makes them feel (9%)
 - Its normal/part of their culture (8%)
 - Their parents drank alcohol (7%)
 - Social expectations (5%)
 - Not much else to do (1%)
 - Don't know (1%)
 - Other reasons (3%)

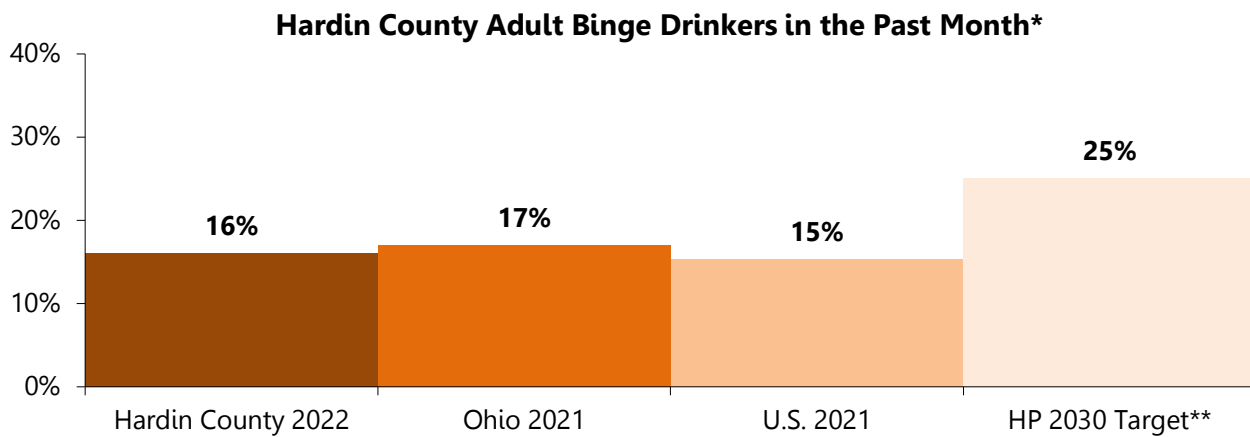
The following graph shows the percentage of Hardin County adults who had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Examples of how to interpret the information include: 16% of all Hardin County adults were binge drinkers, including 27% of those under the age 30 and 18% of those with incomes less than \$25,000.



Note for graph: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows a comparison of Hardin County binge drinkers with Ohio and U.S. binge drinkers. The graph indicates:

- In 2022, Hardin County had a higher percentage of binge drinkers in comparison to U.S. rates, but a lower percentage compared to the Ohio rate and Healthy People 2030 objective.



(Source: 2021 BRFSS, Healthy People 2030, 2022 Hardin County Health Assessment)

*Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.

**Healthy People 2030 objective is to reduce the proportion of persons aged 21 and over engaging in binge drinking of alcoholic beverages during the past 30 days.

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Current drinker (had at least one drink of alcohol within the past 30 days)	43%	54%	52%	53%	53%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	17%	23%	16%	17%	15%

The following table shows Hardin County and Ohio motor vehicle accident statistics. The table shows:

- In 2021, 3.6% of the total crashes in Hardin County were alcohol-related, compared to 4.1% for Ohio.
- One-third (33.3%) of all fatal crashes in Hardin County involved an alcohol-impaired driver, compared to 32% for Ohio in 2021.
- Of the total number of alcohol-related crashes (16) in Hardin County, 56% were property damage only, 31% were non-fatal injury, and 13% were fatal injury.
- There were 11,101 alcohol-related crashes in Ohio in 2021. Of those crashes, 56% were property damage only, 40% were non-fatal injury, and 4% were fatal injury.

	Hardin County 2021	Ohio 2021
Crash Severities		
Property Damage Only Crashes	341	198,953
Injury Crashes (suspected minor, suspected serious, & possible)	100	69,832
Fatal Crashes	6	1,255
Total Crashes	447	270,040
Person Injuries		
Property Damage Only Crashes	714	482,797
Injury Crashes (suspected minor, suspected serious, & possible)	81	100,433
Fatal Crashes	6	1,367
Total Injuries	881	603,702
Person Types		
Total Drivers in Crashes	632	451,784
Total Passengers in Crashes	241	149,306
Total Pedestrians in Crashes	8	2,612
Alcohol-Related		
Alcohol-Related Property Damage Only Crashes	9	6,219
Alcohol-Related Injury (non-fatal) Crashes	5	4,478
Alcohol-Related Fatal Crashes	2	404
Total Alcohol-Related Crashes	16	11,101
Total Alcohol Impaired Drivers	16	11,023
Total Alcohol-Related Deaths	2	436

(Source: Ohio Department of Public Safety, Crash Reports, Traffic Crash Facts, Updated 11/18/2022)

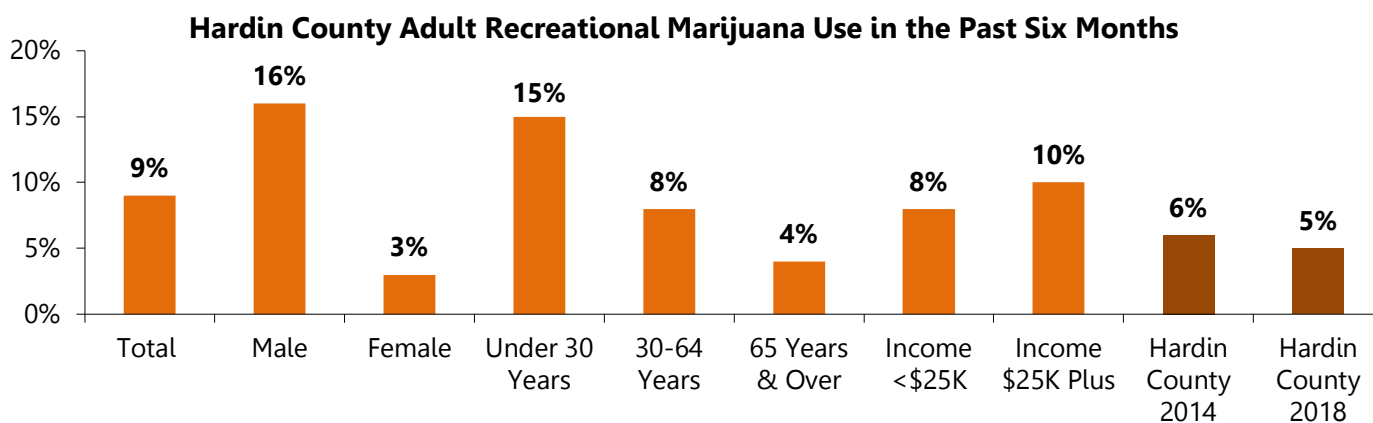
Health Behaviors: Adult Drug Use

Marijuana and Other Drug Use

9% of adults, or approximately 2,128 Hardin County adults had used recreational marijuana in the past month.

- Adults reported that they, an immediate family member, or someone in their household used the following during the past six months:
 - Recreational marijuana or hashish (21%)
 - Wax, oil with THC edibles (12%)
 - Medical marijuana (8%)
 - Amphetamines, methamphetamines or speed (5%)
 - Bath salts (3%)
 - Cocaine, crack, or coca leaves (3%)
 - Heroin/fentanyl (3%)
 - Inappropriate use of over-the-counter medications (3%)
 - Inhalants such as glue toluene, gasoline, duster, or paint (3%)
 - LSD, mescaline, peyote, psilocybin, DMT, or mushrooms (3%)
 - Synthetic marijuana/K2 (2%)
 - Ecstasy or E, or GHB (<1%)
- Three percent (3%) of Hardin County adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using a such a program or service included the following:
 - Not needed (98%)
 - Cannot afford to go (3%)
 - Do not know how to find a program (3%)
 - Insurance does not cover it (3%)
 - Cannot get to the office or clinic (2%)
 - Did not have any openings (wait-listed) (2%)
 - Wait time (2%)
 - A program was not available (2%)
 - Stigma of seeking drug services (2%)
 - Stigma of seeking alcohol services (2%)
 - Do not want to get in trouble (2%)
 - Do not want to miss work (2%)
 - Transportation (2%)
 - Fear (2%)
 - Have not thought of it (1%)
 - Other reasons (3%)
- Nine percent (9%) of Hardin County adults used recreational marijuana in the past six months, increasing to 16% of males.

The following graph indicates recreational marijuana use in the past six months. Examples of how to interpret the information include: 9% of all Hardin County adults used marijuana in the past six months, including 16% of males and 15% of those less than 30 years old.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

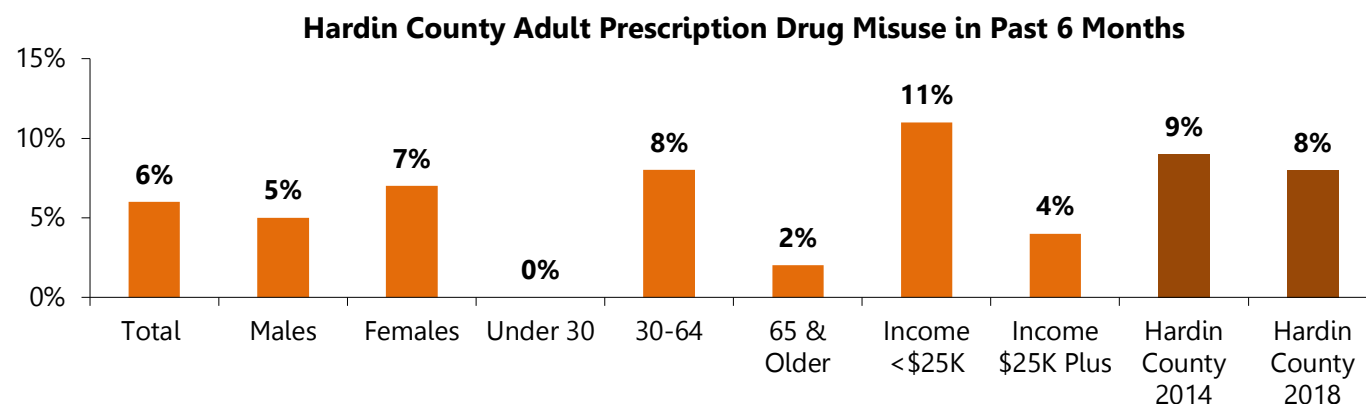
Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Adults who used marijuana in the past 6 months	6%	5%	9%	N/A	N/A

N/A – Not Available

Prescription Drug Misuse

- Six percent (6%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

The following graph indicates adult medication misuse in the past 6 months. An example of how to interpret the information includes: 6% of Hardin County adults misused prescription drugs in the past 6 months, including 7% of females and 11% of those with incomes less than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

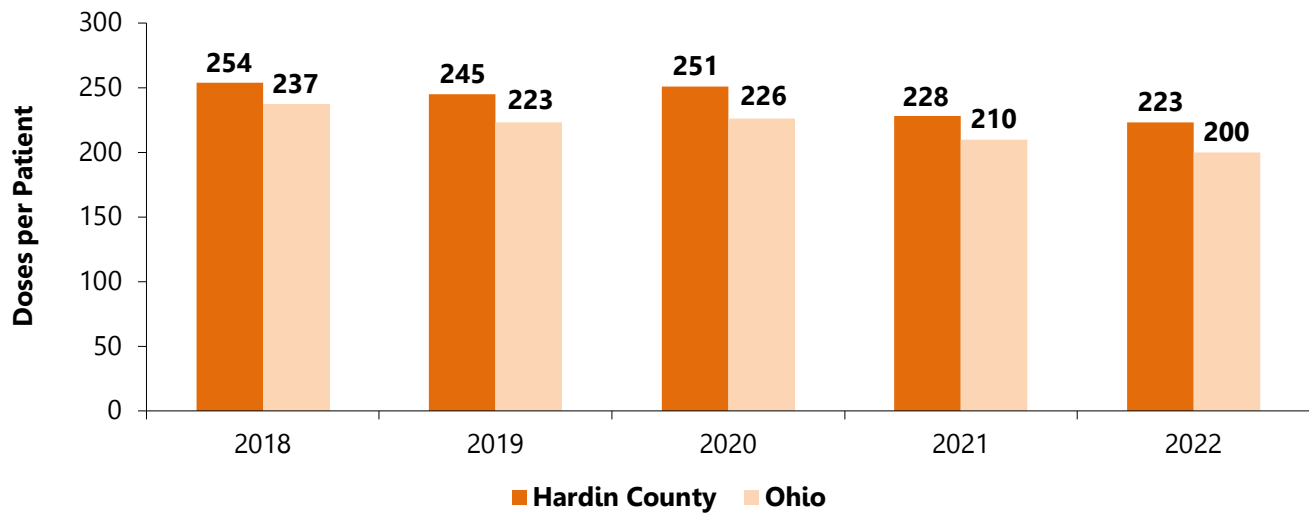
- Adults reported that they, an immediate family member, or someone in their household took the following medications not prescribed to them to feel good, high, and/or more active or alert during the past 6 months:
 - Tranquilizers such as Valium or Xanax (7%)
 - Codeine, Demerol, Morphine, Percocet, Dilaudid, or Fentanyl (7%)
 - Ritalin, Adderall, Concerta, or other ADHD medication (7%)
 - Steroids (5%)
 - Neurontin (5%)
 - Tramadol/Ultram (4%)
 - Vicodin (4%)
 - Oxycontin (3%)
 - Suboxone (3%)
- During the past 6 months, 81% of adults who misused the above medications reported obtaining them from a primary care physician. Other ways included: ER or urgent care doctor (13%), bought from a friend or family member (13%), and multiple doctors (3%).
- Five percent (5%) of adults reported they had taken prescription opiates on a regular basis for more than 2 weeks.
- Adults indicated they did the following with their unused prescription medication:
 - Took as prescribed (17%)
 - Took them to the Medication Collection program (13%)
 - Took them in on Drug Take Back Day(s) (9%)
 - Threw them in the trash (8%)
 - Flushed them down the toilet (6%)
 - Kept them (6%)
 - Took them to the sheriff's office (3%)
 - Used Drug Deactivation Pouches (ex. Deterra) (2%)
 - Kept them in a locked cabinet (2%)
 - Mailer to ship back to pharmacy (<1%)
 - Other (4%)

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Adults who misused prescription drugs in the past 6 months	9%	8%	6%	N/A	N/A

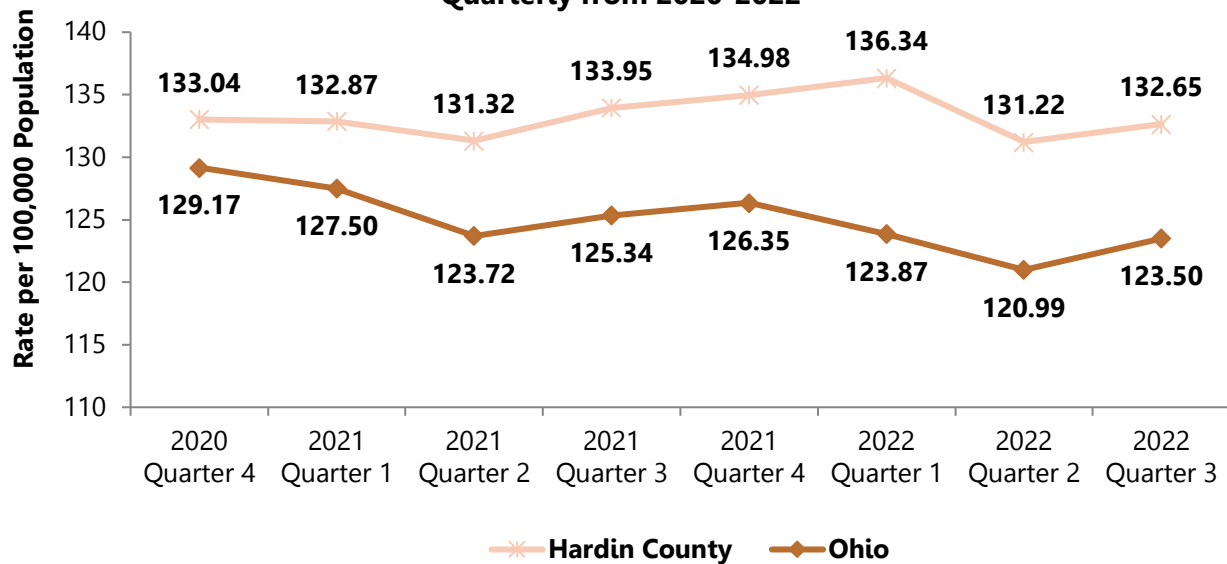
N/A – Not Available

The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Hardin County and Ohio yearly opiate doses per patient, as well as quarterly doses per patient.

Hardin County and Ohio Number of Opiate Doses Per Patient, 2018-2022



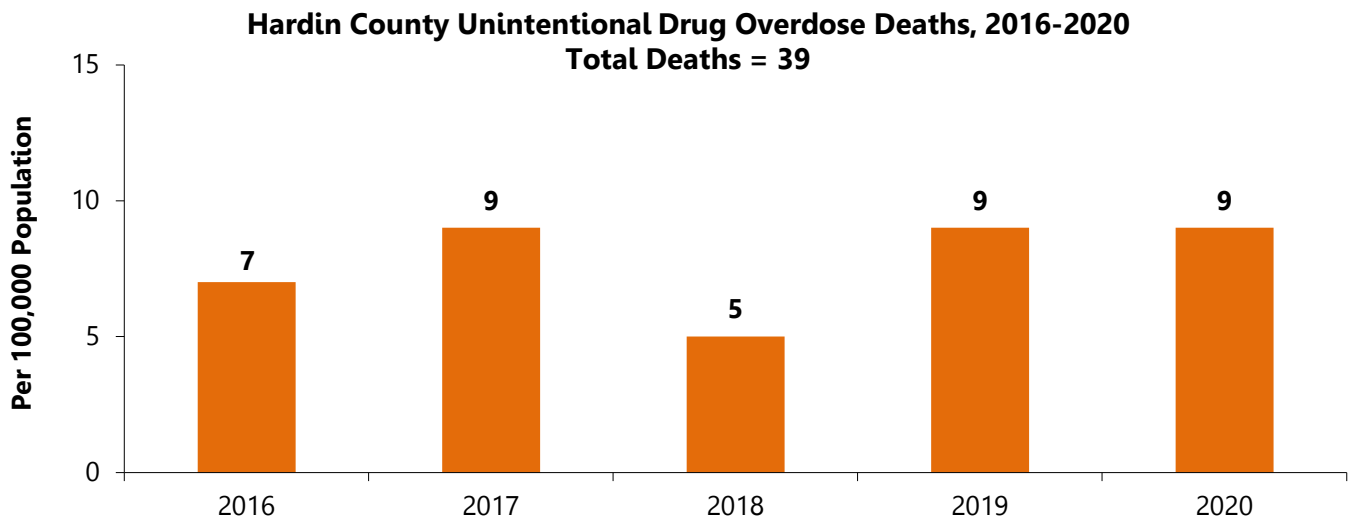
Hardin County and Ohio Number of Opioid Doses Per Patient, Quarterly from 2020-2022



(Source for graphs: Ohio Automated Rx Reporting System, Quarterly County Data, Accessed on October 24, 2022)

Note: OARRS collects information on all outpatient prescriptions for controlled substances and one non-controlled substance (gabapentin) dispensed by Ohio-licensed pharmacies and personally furnished by Ohio prescribers. This data is reported every 24 hours and is maintained in a secure database. Drug wholesalers are also required to submit information monthly on all controlled substances and gabapentin sold to an Ohio licensed pharmacy or prescriber.

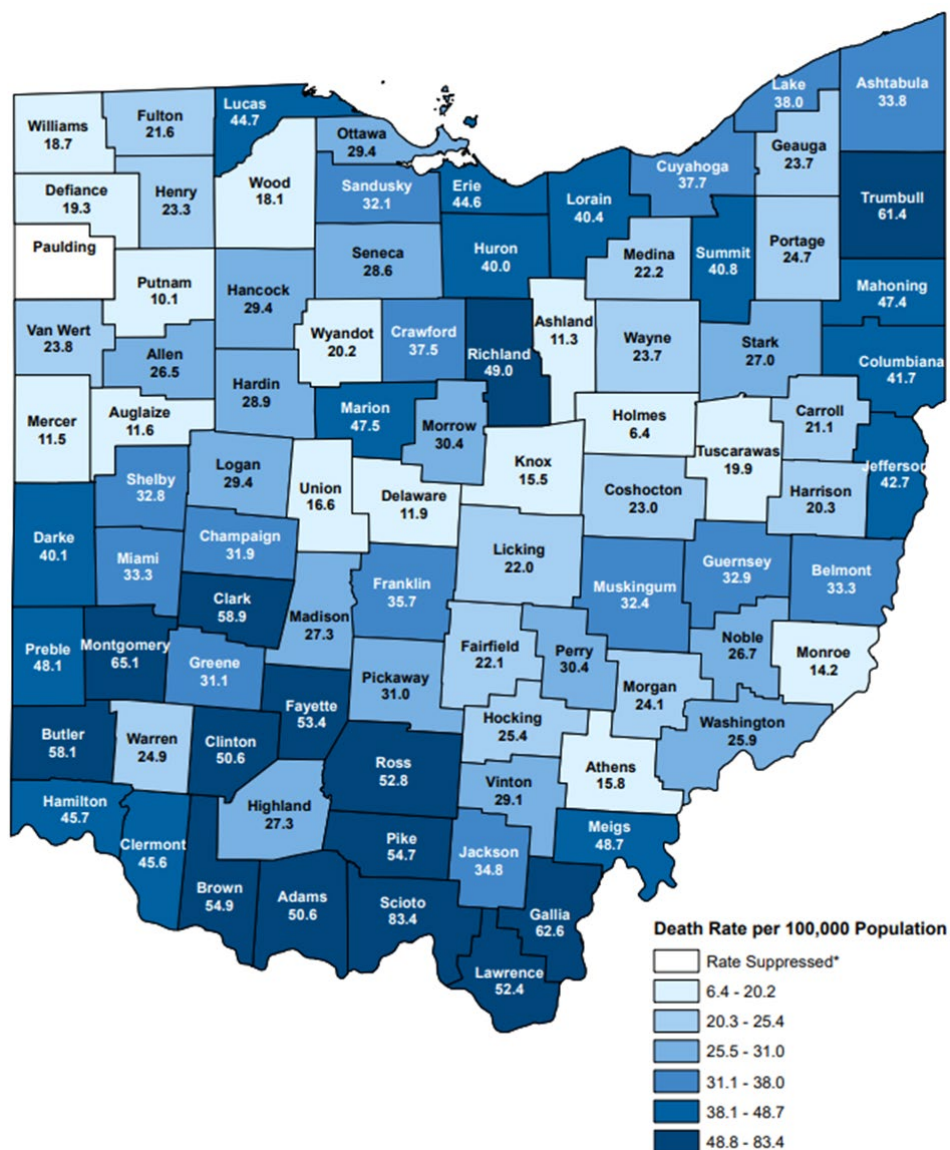
The following graphs show the number of the number of unintentional drug overdose deaths from 2016 to 2020 in Hardin County.



(Source: Ohio Public Health Information Warehouse, 2016-2020)

Note: Unintentional Drug Overdose Deaths include deaths where the injury leading to death was not intended and the mechanism of harm was "Drug Poisoning"

The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county from 2015 to 2020.



(Source: Ohio Department of Health, 2020 Ohio Drug Overdose Report)

Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

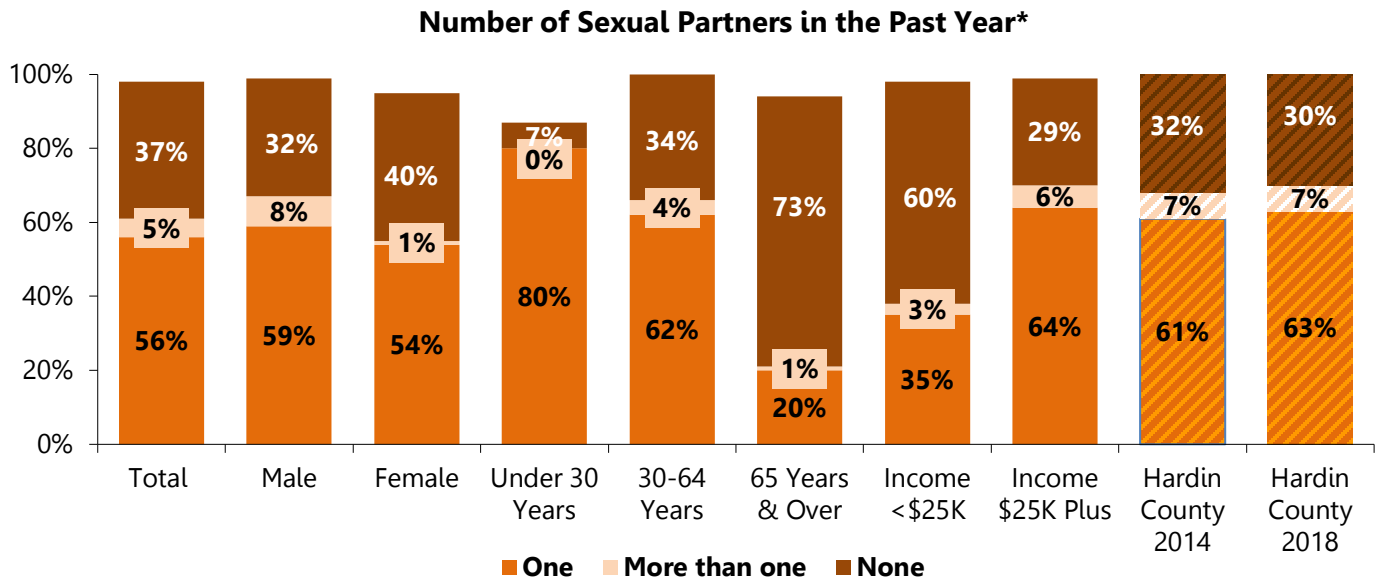
Health Behaviors: Adult Sexual Behavior

Adult Sexual Behavior

5% of adults, or approximately 1,182 Hardin County adults, had intercourse with more than one partner in the past year.

- Sixty-one percent (61%) of Hardin County adults had sexual intercourse in the past year.
- Five percent (5%) of adults reported they had intercourse with more than one partner in the past year, increasing to 8% of males.
- Adults used the following methods of birth control:
 - No partner/not sexually active (27%)
 - They or their partner were too old (13%)
 - Tubes tied (12%)
 - Vasectomy (11%)
 - Hysterectomy (10%)
 - Condoms (7%)
 - IUD (7%)
 - Birth control pill (6%)
 - Infertility (5%)
 - Withdrawal (5%)
 - Had ovaries or testicles removed (3%)
 - Were gay or lesbian (2%)
 - Shots (1%)
 - Having sex only at certain times (1%)
 - Diaphragm, cervical ring or cap (1%)
 - Other method (1%)
- Five percent (5%) of Hardin County adults reported they and their partner were trying to get pregnant and 1% were currently pregnant. Thirteen percent (13%) of adults reported they were not using any method of birth control.
- The following situations applied to Hardin County adults in the past year:
 - Had sex without a condom (25%)
 - Following alcohol or other drug use, they engaged in sexual activity that they would not have done if sober (8%)
 - Tested for an STD (7%)
 - Were forced to have sex (4%)
 - Had sex with someone they did not know (3%)
 - Treated for an STD in the past year (3%)
 - Knew someone involved in sex trafficking (2%)
 - Injected any drug other than those prescribed for them (1%)
 - Tested positive for Hepatitis C (1%)
 - Had sex with someone they met on social media (1%)
 - Tested positive for HPV (1%)
 - Had anal sex without a condom (<1%)
 - Had sexual activity with someone of the same gender (<1%)
- Eleven percent (11%) of Hardin County adults were forced or coerced to have any sexual activity when they did not want to, increasing to 19% of females. Twenty-nine percent (29%) of adults who were forced to have sexual activity reported it.
- Seventeen percent (17%) of adults engaged in sexual activity following alcohol or other drug use that they would not have done if sober, increasing to 29% of those with incomes less than \$25,000.

The following graph shows the number of sexual partners Hardin County adults had in the past year. Examples of how to interpret the information in the graph include: 59% of all Hardin County adults had one sexual partner in the past 12 months, 6% had more than one, and 34% had none.



**Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"*

**Totals may not equal 100% as some respondents answered, "Don't know"*

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

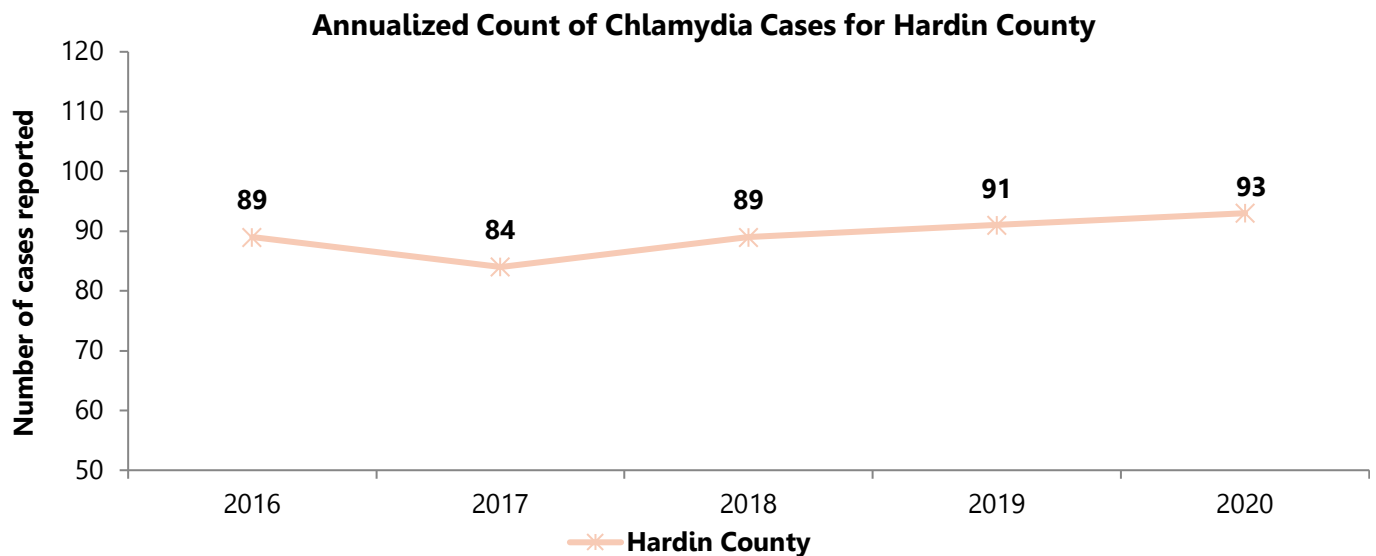
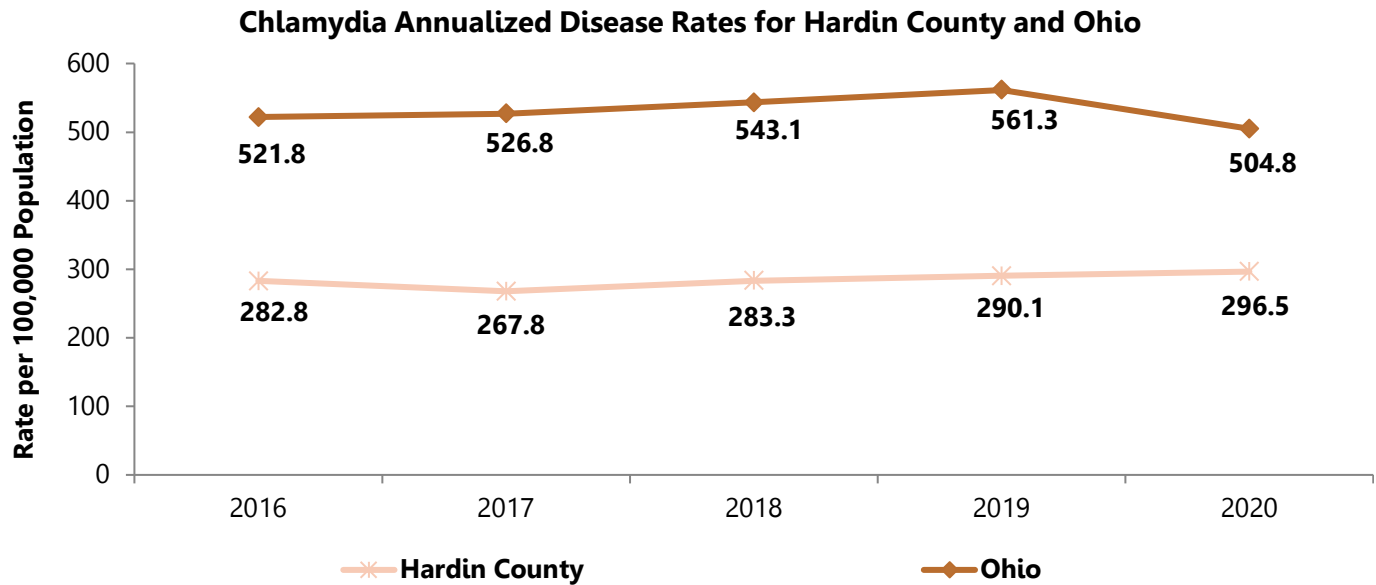
Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Had more than one sexual partner in past year	7%	7%	5%	N/A	N/A

N/A – Not available

Chlamydia

The following graphs show Hardin County chlamydia disease rates per 100,000 population. The graphs show:

- Hardin County chlamydia rates fluctuated from 2016-2020.
- The number of chlamydia cases in Hardin County decreased from 2016-2017 and started slightly increasing in 2017.

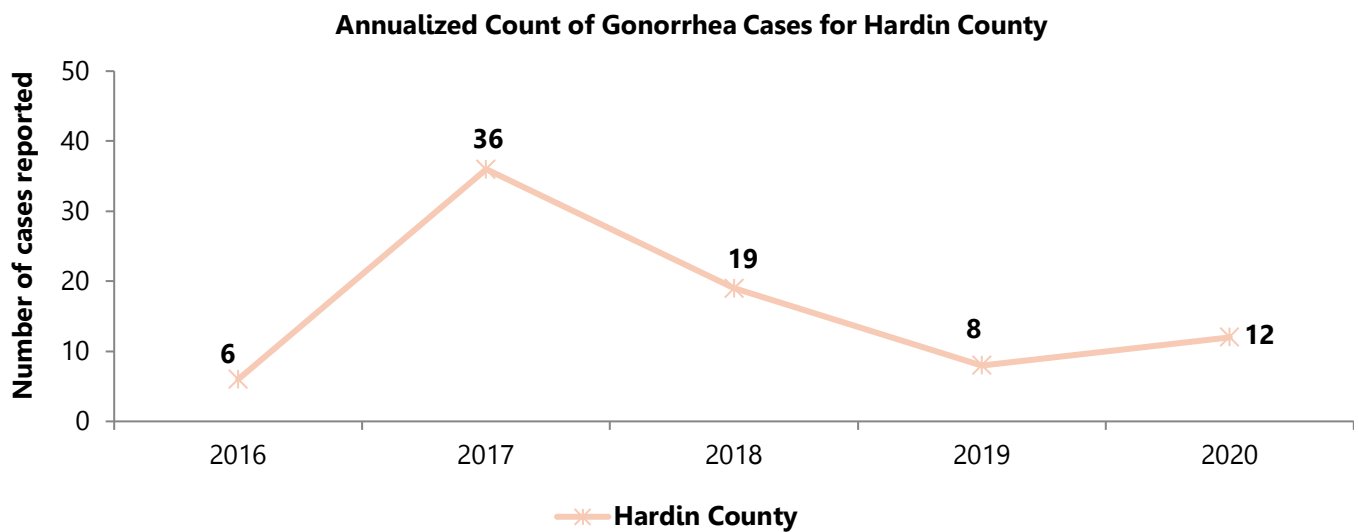
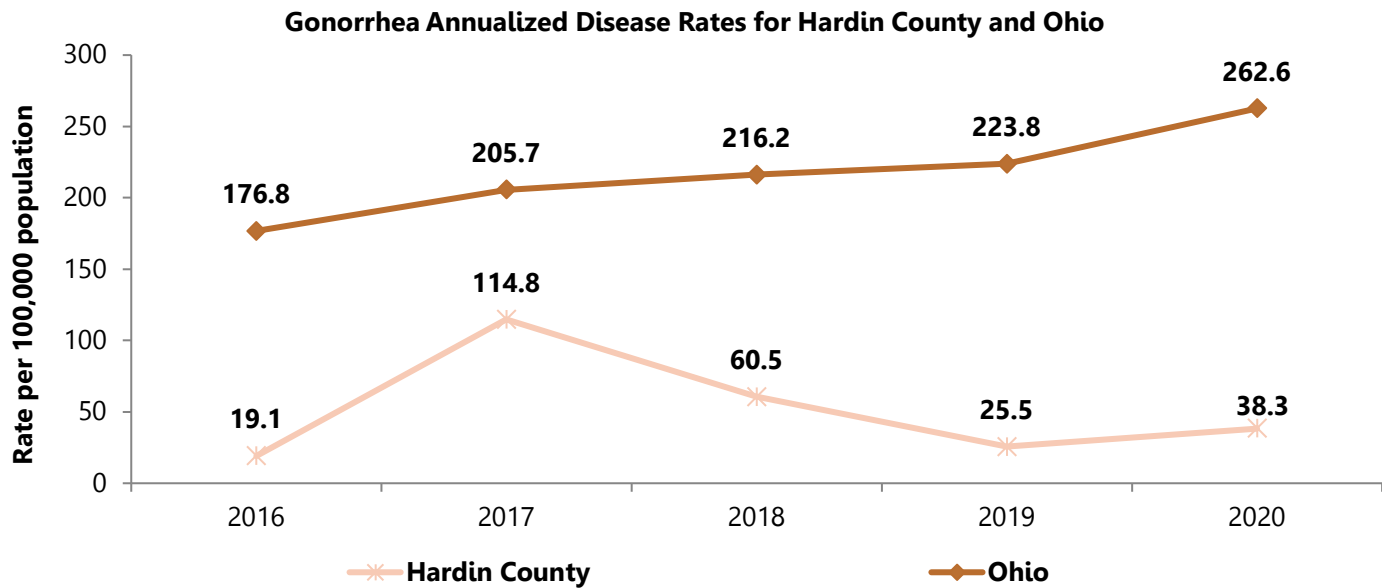


(Source for graphs: Ohio Department of Health, STD Surveillance Program, Data reported through 2/13/2023)

Gonorrhea

The following graphs show Hardin County gonorrhea disease rates per 100,000 population. The graphs show:

- The Hardin County gonorrhea rate steadily increased from 2016-2020.
- The Ohio gonorrhea rate increased from 2016-2017, then decreased from 2017-2019, increasing slightly again in 2020.
- The Hardin County gonorrhea cases increased significantly in 2016-2017.

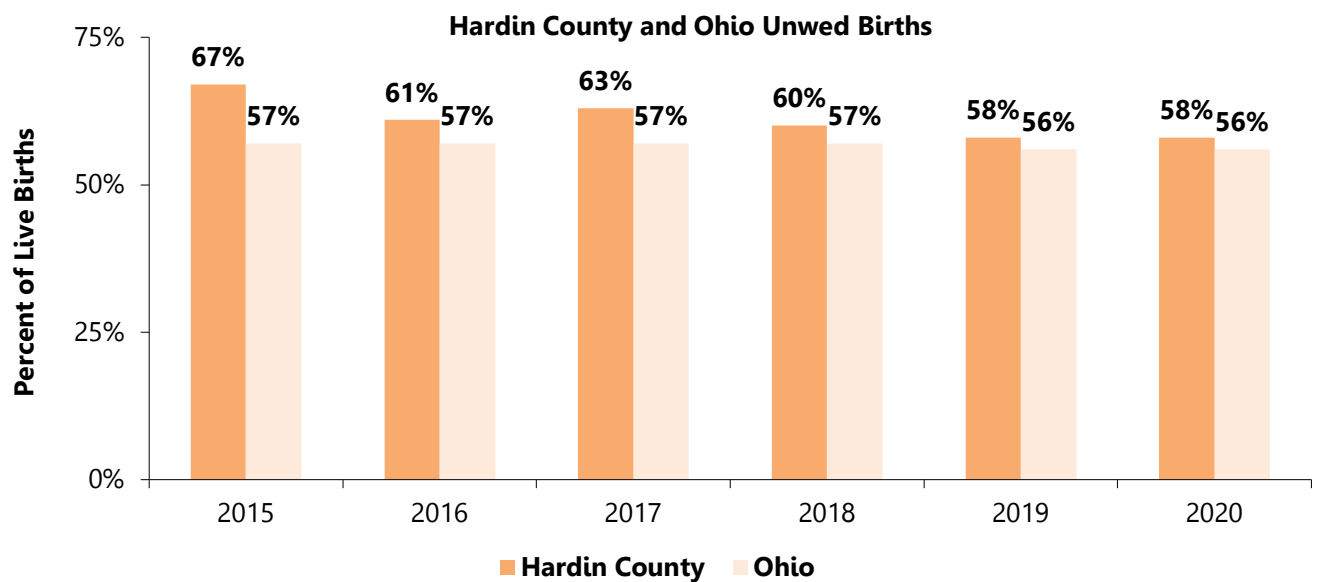
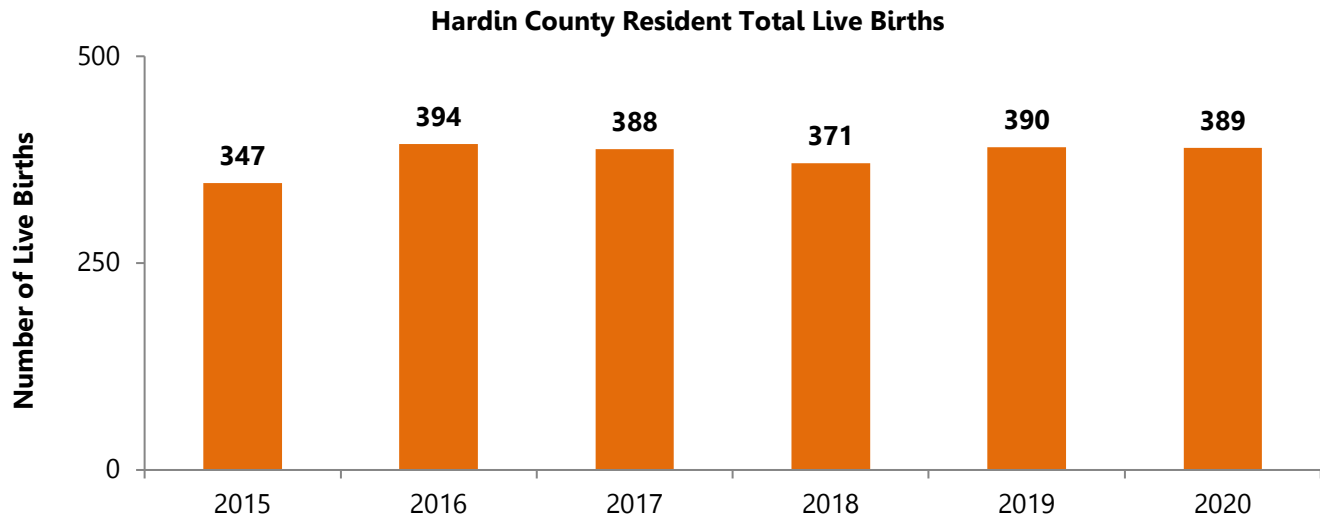


(Source for graphs: Ohio Department of Health, STD Surveillance Program, Data Reported through 2/13/2023)

Pregnancy Outcomes

Please note that the pregnancy outcomes data includes all births to adults and adolescents.

- From 2013-2018, there was an average of 378 live births per year in Hardin County.



(Source for graphs: ODH Information Warehouse, updated 2/13/2023)

Health Behaviors: Adult Mental Health and Suicide

Adult Mental Health

955 Hardin County adults, or approximately 2% of adults, considered attempting suicide in the past year.

- Adults reported themselves or a family member were diagnosed or treated for the following mental health issues in the past year:
 - Depression (36%)
 - Anxiety or emotional problems (30%)
 - Anxiety disorder (28%)
 - Attention Deficit Disorder (12%)
 - Alcohol and/or illicit drug abuse (10%)
 - Bipolar (9%)
 - Traumatic stress disorder (9%)
 - Autism spectrum (6%)
 - Developmental disability (5%)
 - Eating disorder (5%)
 - Problem gambling (3%)
 - Psychotic disorder (3%)
 - Life adjustment disorder (2%)
 - Other trauma (8%)
 - Other mental health disorder (8%)
- Nearly one-third (32%) of adults indicated that they or a family member had taken medication for one or more of the above mental health issues.
- In the past year, Hardin County adults experienced the following every day for two weeks or more in a row:
 - Felt worried, tense or anxious (31%)
 - Had high stress (31%)
 - Did not get enough rest or sleep (30%)
 - Felt sad, blue, or depressed (21%)
 - Stopped doing some usual activities (15%)
 - Unusual increase or loss of appetite (12%)
 - Felt very healthy and full of energy (10%)
- Hardin County adults dealt with stress in the following ways:

— Talk to someone they trust (friends, relatives, etc.) (45%)	— Exercise (24%)
— Listen to music (45%)	— Drink alcohol (10%)
— Eat more or less than normal (37%)	— Smoke tobacco (10%)
— Work on a hobby (36%)	— Take it out on others (5%)
— Sleep (35%)	— Call a professional (5%)
— Prayer/meditation (32%)	— Use prescription drugs as prescribed (3%)
— Work (27%)	— Use illegal drugs (2%)
	— Other (9%)
- Hardin County adults received the social and emotional support they needed from the following: family (67%), friends (57%), God/prayer (35%), church (19%), internet (10%), a professional (10%), neighbors (8%), community (4%), online support group (3%), and other (6%).
- Eight percent (8%) of adults indicated they did not get the social and emotional support they needed, and 23% indicated they did not need support/they can handle it themselves.

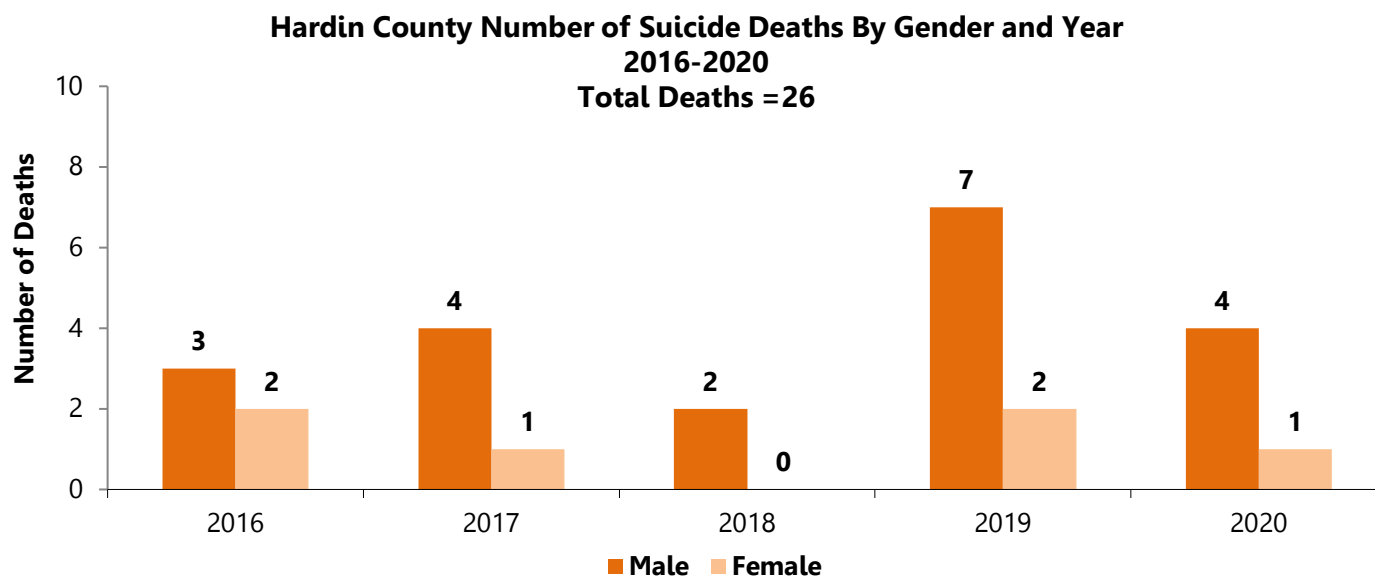
- Thirteen percent (13%) of Hardin County adults had used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following:
 - Not needed/not necessary (63%)
 - Other priorities (14%)
 - Could not afford to go (11%)
 - Did not know how to find a program (9%)
 - Fear (8%)
 - Stigma of seeking mental health services (7%)
 - Had not thought of it (7%)
 - Co-pay/deductible is too high (6%)
 - Took too long to get in to see a doctor (4%)
 - Transportation (3%)
 - Could not get into the office or clinic (1%)
 - Other reasons (9%)
- Six percent (6%) of adults seriously considered attempting suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year.
- Adults indicated they would do the following if they knew someone who was suicidal: talk to them (76%), try to calm them down (53%), call a crisis line (51%), call 911 (42%), call a friend (26%), take them to the ER (23%), text a crisis line (21%), call their spiritual leader (17%), and nothing (1%).

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Seriously considered attempting suicide in the past year	6%	4%	6%	N/A	N/A
Attempted suicide in the past year	<1%	1%	1%	N/A	N/A

N/A – Not Available

The graph below indicates the number of suicide deaths by age group in Hardin County. The graph shows:

- From 2016-2020, males made up 77% of total suicide deaths in Hardin County.



(Source: ODH, Ohio Public Health Information Warehouse, Mortality, Leading Causes of Death, Updated 10/26/2022)

CHRONIC DISEASE

Adult Cardiovascular Health

Adult Cancer

Adult Arthritis

Adult Asthma

Adult Diabetes

Adult Quality of Life

Note for population: "adults" are defined throughout the report as those ages 19 and older living in Hardin County

Chronic Disease: Cardiovascular Health

Heart Disease and Stroke

- Six percent (6%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 10% of those over the age of 65.
- Three percent (3%) of adults reported they had angina or coronary heart disease, increasing to 6% of those over the age of 65.
- One percent (1%) of adults reported they had congestive heart failure, increasing to 3% of those over the age of 65.
- Two percent (3%) of adults reported they had survived a stroke.

The following graph shows the percentage of Hardin County adults who had survived a heart attack or stroke in their lifetime by gender. An example of how to interpret the information includes: 11% of Hardin County males survived a heart attack compared to 1% of females.

Hardin County Leading Causes of Death 2018-2020

Total Deaths: 1,065

1. Heart Disease (23% of all deaths)
2. Cancer (20%)
3. Chronic Lower Respiratory Diseases (8%)
4. Accidents, Unintentional Injuries (6%)
5. COVID-19 (4%)

(Source: Ohio Public Health Information Warehouse, 2018-2020)

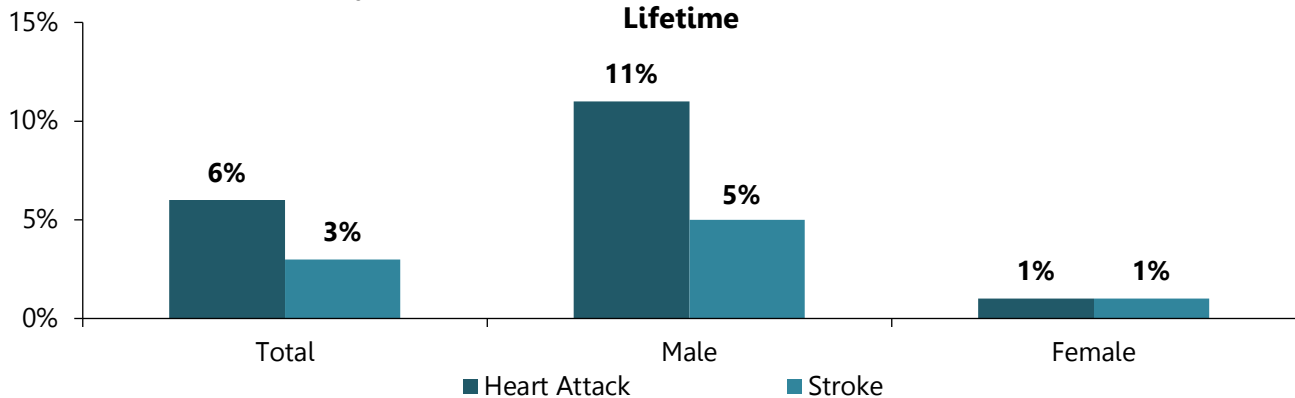
Ohio Leading Causes of Death, 2018-2020

Total Deaths: 391,659

1. Heart Diseases (23% of all deaths)
2. Cancer (19%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (5%)

(Source: Ohio Public Health Data Warehouse, 2018-2020)

Hardin County Adults Who Had Survived a Heart Attack or Stroke In Their Lifetime



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

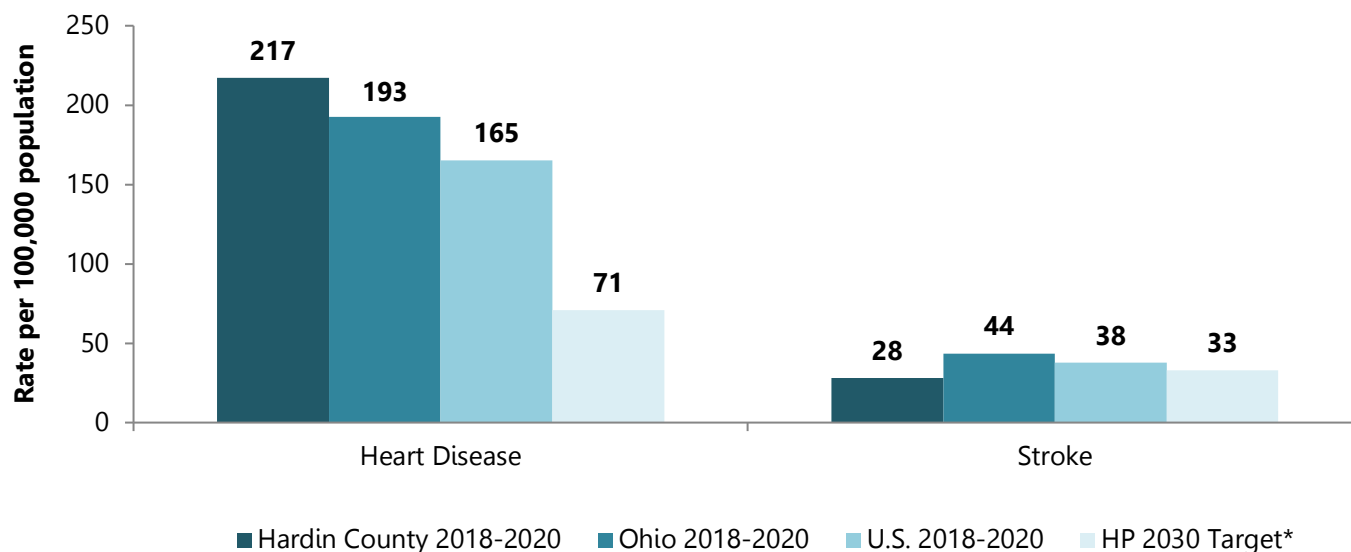
Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Ever diagnosed with angina or coronary heart disease	4%	8%	3%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction	5%	6%	6%	5%	4%
Ever diagnosed with a stroke	1%	2%	3%	4%	3%

Heart Disease and Stroke *(continued)*

The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke.

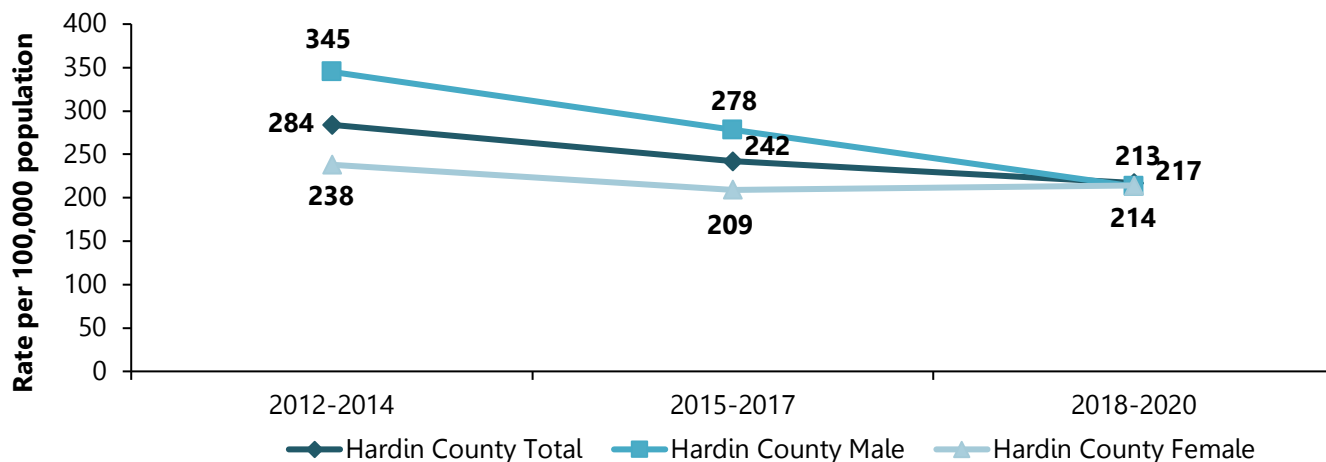
- When age differences are accounted for, the statistics indicate that from 2018-to-2020, the Hardin County heart disease mortality rate was higher than the Ohio and U.S. rates, as well as the Healthy People 2030 target.
- The Hardin County age-adjusted stroke mortality rate from 2018-to-2020 was lower than the Ohio and U.S. rates, as well as the Healthy People 2030 target objective.
- From 2012-to-2020, the Hardin County female and male age-adjusted heart disease mortality rates decreased slightly.

Age-Adjusted Heart Disease and Stroke Mortality Rates



*Note: The Healthy People 2030 Target objective for coronary heart disease is reported for heart attack mortality.
(Source: Ohio Public Health Information Warehouse, 2018-2020, CDC Wonder 2018-2020, Healthy People 2030)*

Hardin County Age-Adjusted Heart Disease Mortality Rates by Gender



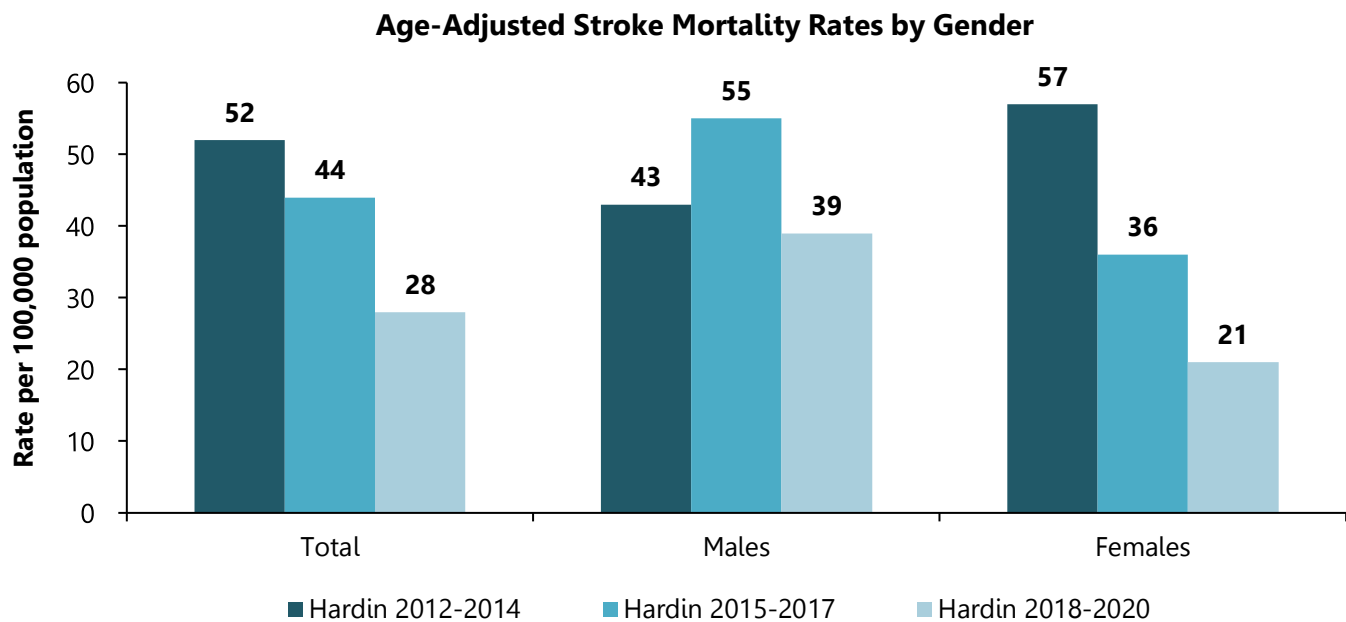
(Source: Ohio Public Health Information Warehouse, 2012-2020)

Note for graphs: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

Heart Disease and Stroke *(continued)*

The following graphs shows age-adjusted mortality rates per 100,000 population for stroke by gender.

- From 2012-2020, the stroke mortality rate fluctuated among Hardin males.
- From 2012-2020, the stroke mortality rate decreased among Hardin females.
- Overall, the stroke mortality rates fluctuated among the Hardin population from 2012-2020.



(Source: Ohio Public Health Information Warehouse, 2012-2020)

Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

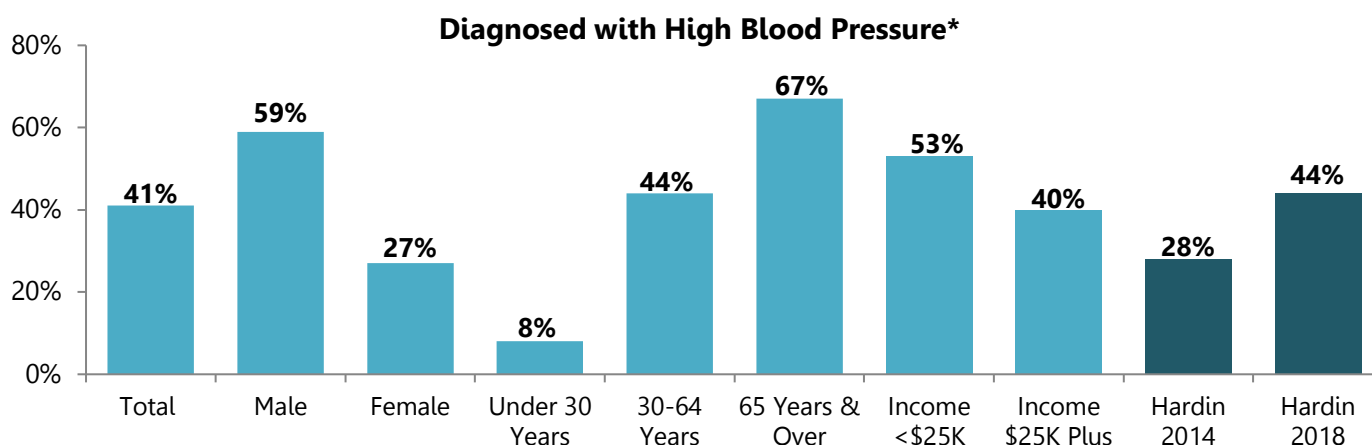
High Blood Pressure (Hypertension)

- More than two-fifths (41%) of adults had been diagnosed with high blood pressure.
- Seven percent (7%) of adults were told they were pre-hypertensive/borderline high.
- Eighty-nine percent (89%) of adults had their blood pressure checked within the past year.
- Hardin County adults diagnosed with high blood pressure were more likely to have:
 - Been classified as overweight or obese by Body Mass Index (83%)
 - Been age 65 years or older (67%)
 - Incomes less than \$25,000 (53%)

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Had been told they had high blood pressure	28%	44%	41%	36%	32%

High Blood Pressure (Hypertension) *(continued)*

The following graph shows the percentage of Hardin County adults who were told by a doctor, nurse, or other health professional that they had high blood pressure. Examples of how to interpret the information include: 41% of all Hardin County adults had been diagnosed with high blood pressure, increasing to 59% of all Hardin County males and 67% of those 65 years and older.



**Does not include respondents who indicated high blood pressure during pregnancy only.*

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Healthy People 2030 Objectives Heart Disease and Stroke

Objective	2022 Hardin Survey Population Baseline	2021 U.S. Baseline	Healthy People 2030 Target
HDS-4: Reduce proportion of adults with high blood pressure	41%	32%	43%

*Note: All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2030, 2021 BRFSS, 2022 Hardin County Community Health Assessment)*

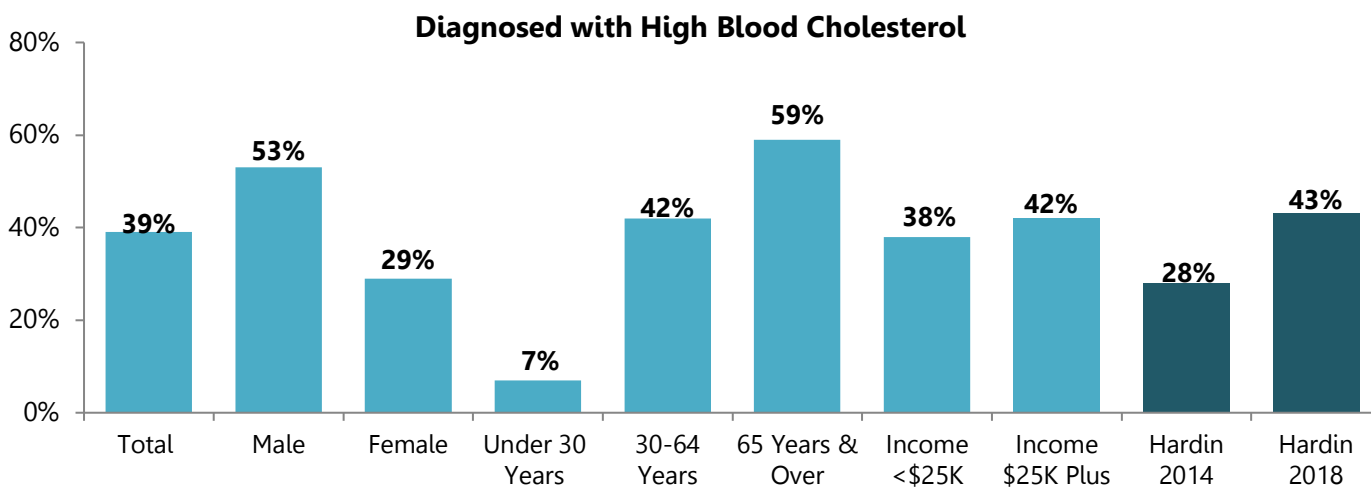
High Blood Cholesterol

39% of Hardin County adults, or approximately 9,220 adults, were told by a doctor, nurse, or other health professional that they had high blood cholesterol.

- More than one-third (39%) of adults had been diagnosed with high blood cholesterol.
- Four-fifths (80%) of adults had their blood cholesterol checked within the past 5 years.
- Hardin County adults with high blood cholesterol were more likely to:
 - Have been classified as overweight or obese by Body Mass Index-BMI (55%)
 - Have been ages 65 years or older (59%)
 - Have been male (53%)

High Blood Cholesterol *(continued)*

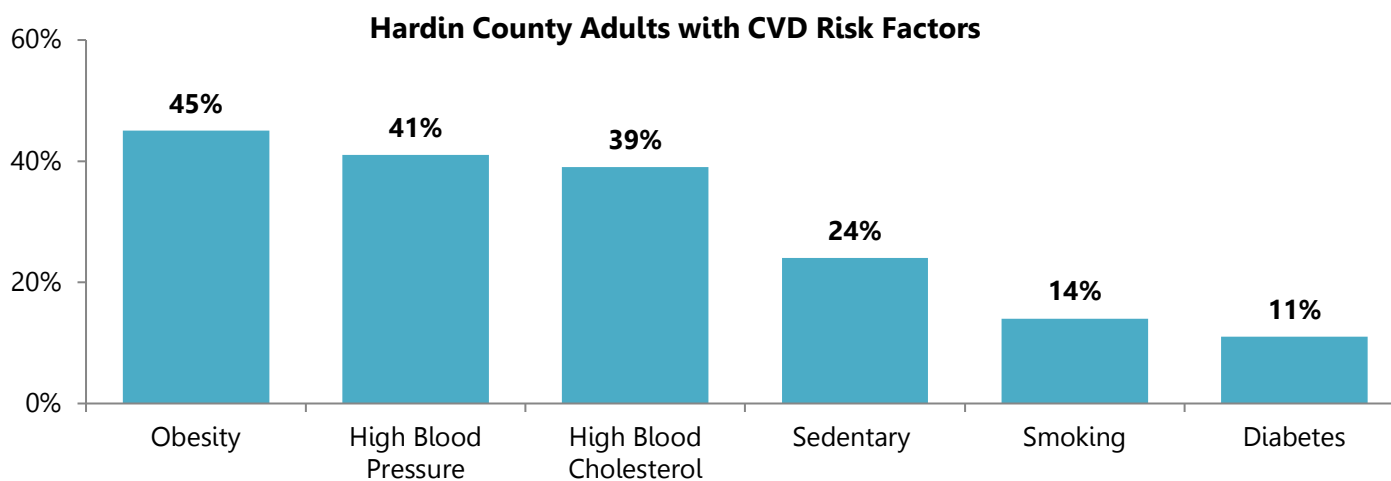
The following graph shows the percentage of Hardin County adults who were told by a doctor, nurse, or other health professional that they had high blood cholesterol. Examples of how to interpret the information include: 39% of all Hardin County adults were diagnosed with high blood cholesterol, increasing to 53% of all Hardin County males and 59% of those 65 years and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

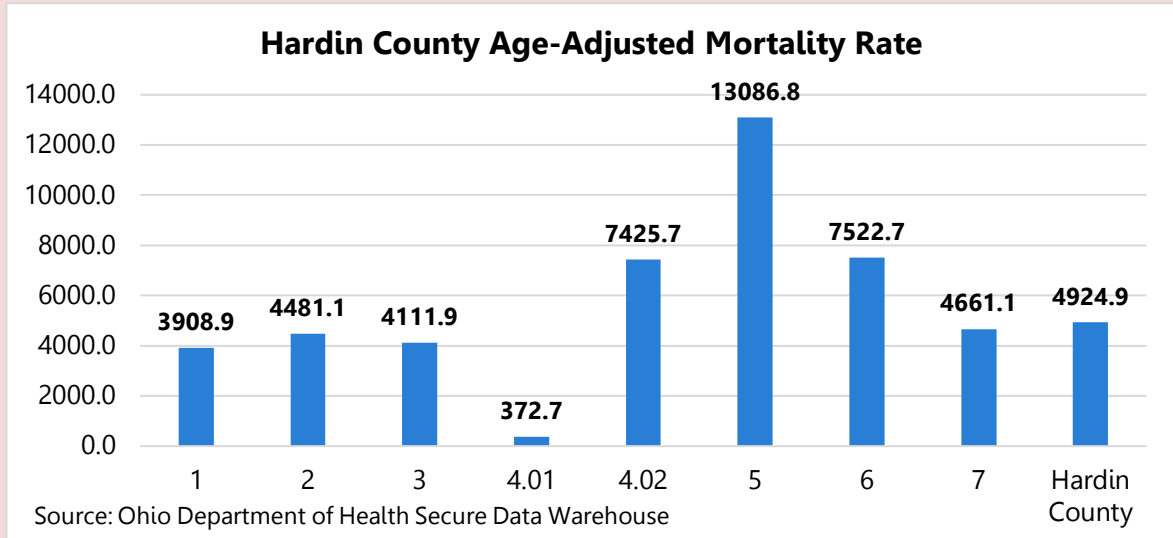
Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Had been told their blood cholesterol was high	28%	43%	39%	36%	36%
Had their blood cholesterol checked within the last five years	72%	80%	80%	85%	85%

The following graph demonstrates the percentage of Hardin County adults who had major risk factors for developing cardiovascular disease (CVD).



Age-Adjusted Mortality Rate in Hardin County, Ohio

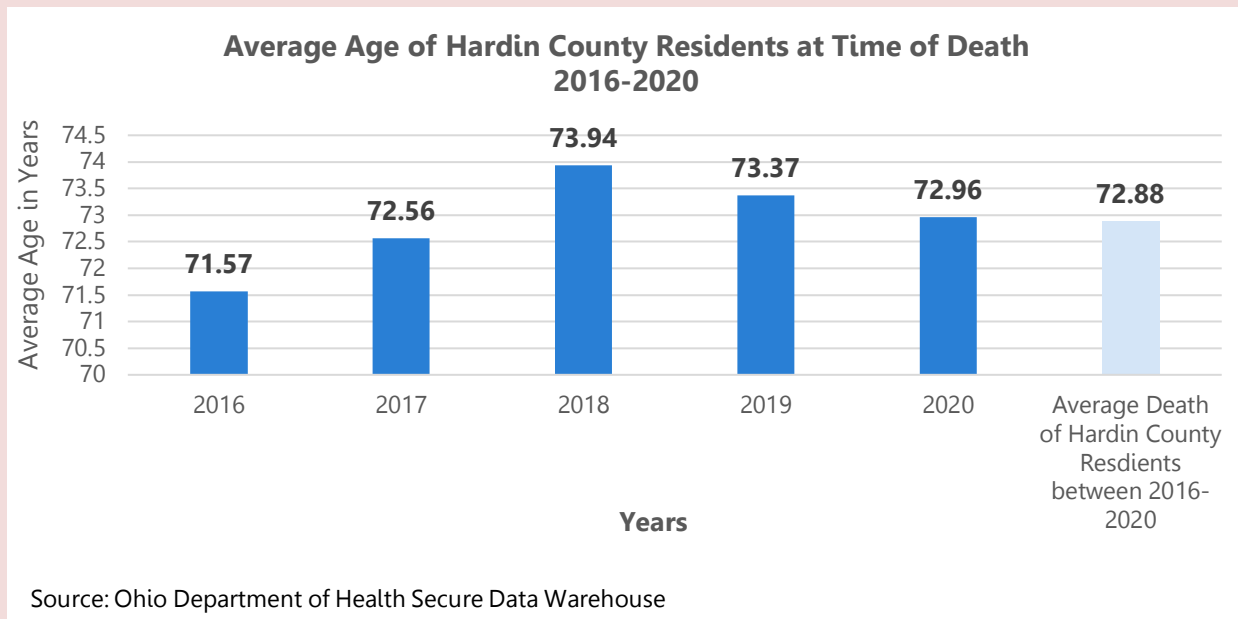
The graph below shows the age-adjusted mortality rate for each Hardin County Census Tract and then Hardin County as a whole. In Hardin County as a whole between the years 2016-2020 (2020 5 year estimate from The U.S. Census Bureau American Community Survey), if there were 100,000 people in the county population, then it could be expected that 4,924.9 of those people would have passed away.



(Source: 2023 Hardin County, Ohio Health Equity Report)

Lifespan in Hardin County, Ohio

The graph below shows the average age of Hardin County Residents as a whole at their time of death per year (2016-2020) and then as an average between 2016-2020.



(Source: 2023 Hardin County, Ohio Health Equity Report)

Chronic Disease: Cancer

Adult Cancer

- Eighteen percent (18%) of Hardin County adults were diagnosed with cancer at some point in their lives, increasing to 39% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: prostate (36%), other skin cancer (27%), breast (20%), ovarian (10%), melanoma (9%), renal (5%), head and neck (5%), lung (2%), liver (2%), bladder (2%), colon (2%), endometrial (2%) and other types of cancer (2%).
- The American Cancer Society states that about 609,360 Americans are expected to die of cancer in 2022. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease *(Source: American Cancer Society, Facts & Figures 2022)*.

Hardin County Incidence of Cancer 2016-2020

All Types: 915 cases

- Lung and Bronchus: 152 cases (17%)
- Breast: 117 cases (13%)
- Colon and Rectum: 90 cases (10%)
- Prostate: 90 cases (10%)

(Source: Ohio Cancer Incidence Surveillance System, ODH Ohio Public Health Data Warehouse)

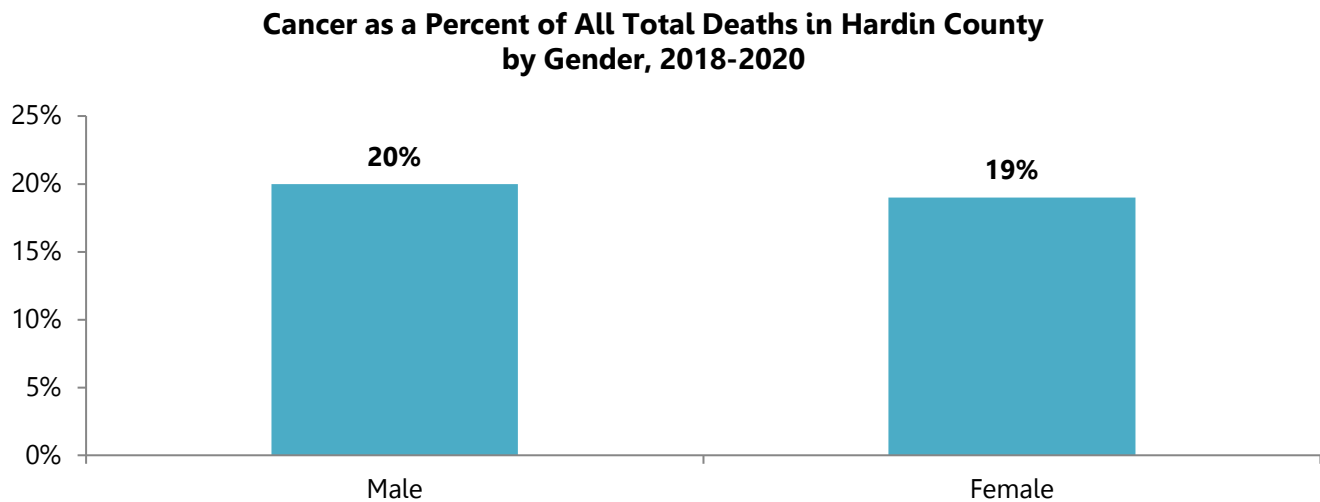
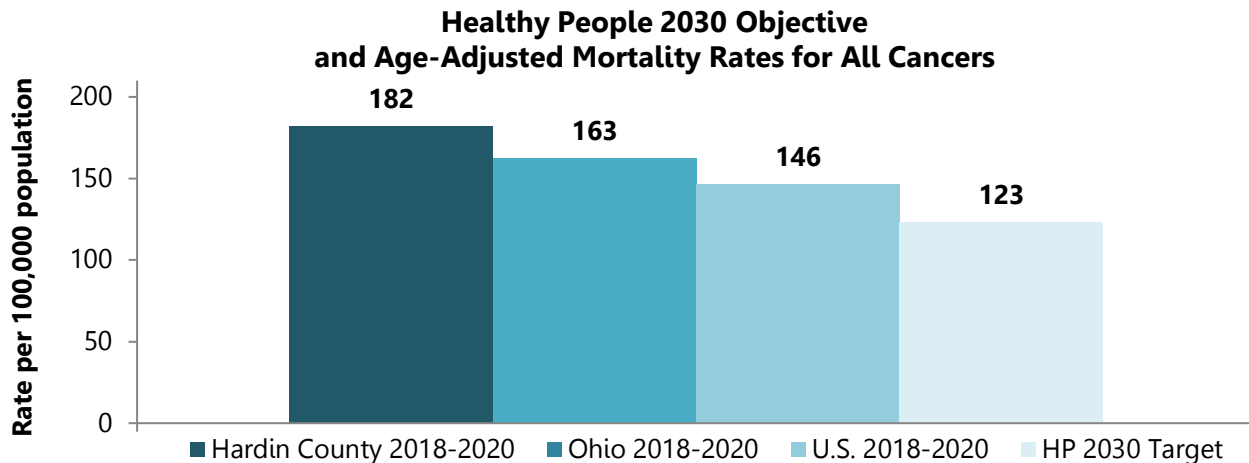
Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Ever been told they had skin cancer	3%	5%	6%	7%	7%
Ever been told they had other types of cancer (other than skin cancer)	8%	9%	12%	8%	8%

* Melanoma and other skin cancers are included for "ever been told they had skin cancer"

Adult Cancer *(continued)*

The following graph shows the Hardin County, Ohio, and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2030 objective, and the percent of total cancer deaths in Hardin County. The graphs indicate:

- When age differences are accounted for, the Hardin County cancer mortality rate was higher than the Ohio and U.S. rates, as well as the Healthy People 2030 target.
- The percentage of Hardin County males who died from all cancers is slightly higher than the percentage of Hardin County females who died from all cancers.



(Source: Ohio Public Health Information Warehouse 2018-2020, CDC Wonder 2018-2020, and Healthy People 2030)

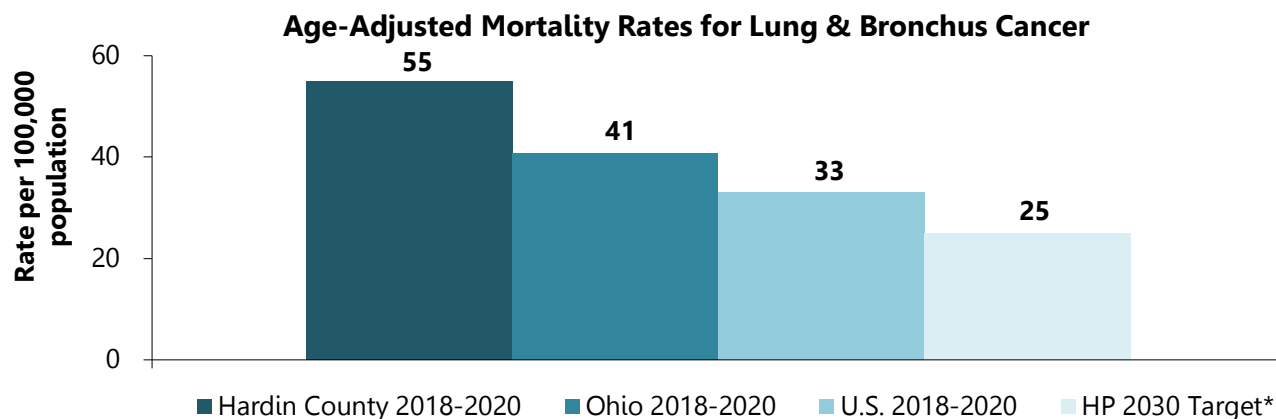
Note for graphs: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

Lung and Bronchus Cancer

- In Hardin County, 14% of adults were current smokers and 30% were former smokers.
- According to the American Cancer Society, smoking causes 80% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (*Source: American Cancer Society, Facts & Figures 2022*).

The following graph shows Hardin County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer in comparison with the Healthy People 2030. This graph shows:

- For the age-adjusted mortality rates for lung and bronchus cancer, Hardin County rates were higher than the Ohio rate, U.S. rate, and the Healthy People 2030 target objective.



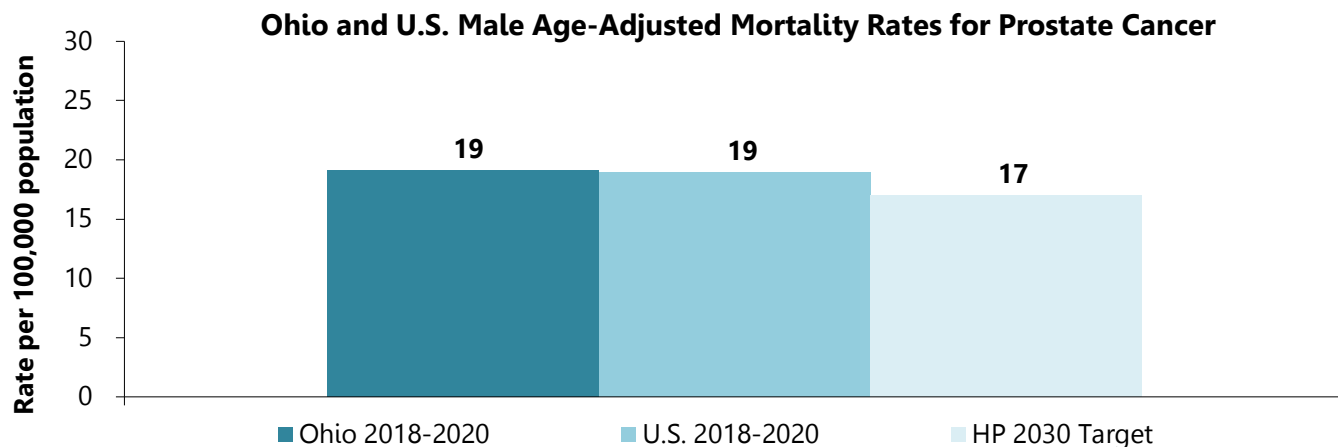
*Healthy People 2030 Target data is for lung cancer only
(Sources: Healthy People 2030, Ohio Public Health Information Warehouse 2018-2020, CDC Wonder 2018-2020)

Prostate Cancer

- Nearly three-fourths (73%) of males age 50 and over had a PSA test at some time in their life, and 49% had one in the past year.
- No organizations presently endorse routine prostate cancer screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms), along with the significant potential for serious side effects associated with prostate cancer treatment. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Men at high risk of developing prostate cancer (black men or those with a close relative diagnosed with prostate cancer before the age of 65) should have this discussion beginning at age 45, and men at even higher risk (those with several close relatives diagnosed at an early age) should have this discussion beginning at age 40 (*Source: American Cancer Society, Facts & Figures 2022*).

Prostate Cancer *(continued)*

The following graph shows Ohio and U.S. age-adjusted mortality rates per 100,000 populations for prostate cancer in comparison with the Healthy People 2030 objective. Hardin County mortality rates are unavailable due to counts <10 or where population county are not available. Rates based on counts <20 are considered unreliable.



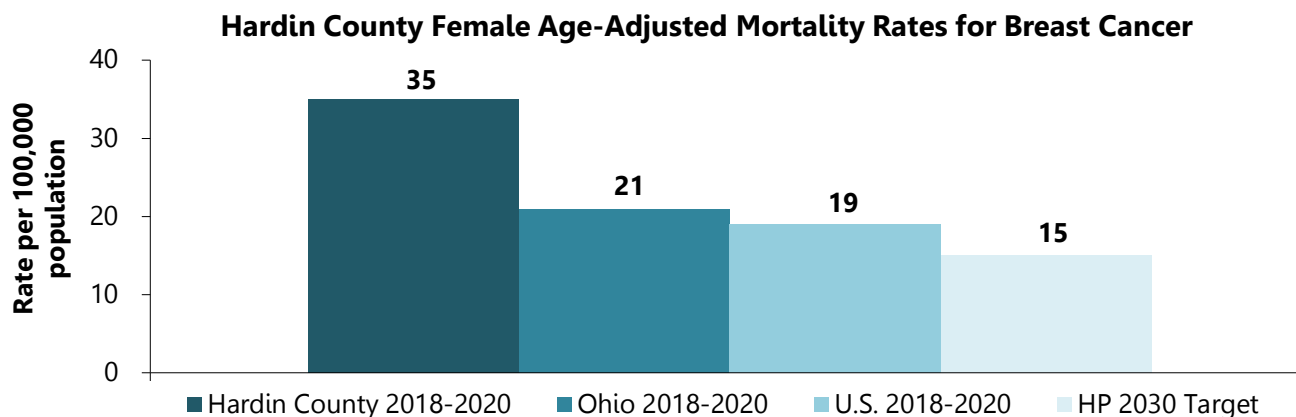
(Sources: Healthy People 2030, Ohio Public Health Information Warehouse 2018-2020, CDC Wonder 2018-2020)

Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

Breast Cancer

- More than two-fifths (46%) of Hardin County females over the age of 40 had a mammogram in the past year.
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40 to 44 years of age have the option to begin annual mammography, those 45 to 54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, often starting at a younger age than the general population (Source: American Cancer Society, Facts & Figures 2022).

The following graph shows the Hardin County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2030 objective.



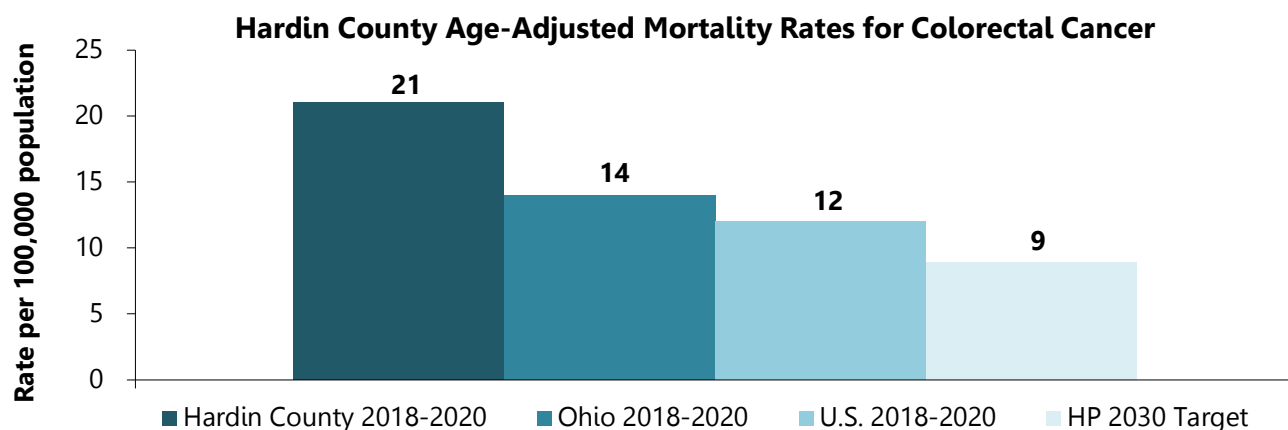
(Sources: Healthy People 2030, Ohio Public Health Information Warehouse 2018-2020, CDC Wonder 2018-2020)

Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

Colorectal Cancer

- Modifiable factors that increase colon and rectum cancer risk include obesity, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes
(Source: American Cancer Society, Facts & Figures 2022).

The following graph shows Hardin County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for colorectal cancer in comparison with the Healthy People 2030 objective.



(Source: Healthy People 2030, Ohio Public Health Information Warehouse 2018-2020, CDC Wonder 2018-2020)

Note for graphs: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

Cancer Incidence

Hardin County Incidence of Cancer 2016-2020

All Sites/Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Breast	117	13%
Prostate	90	10%
Lung and Bronchus	152	17%
Colon and Rectum	90	9%
Other Sites/Types	73	8%
Melanoma of Skin	33	4%
Bladder	43	5%
Non-Hodgkins Lymphoma	30	3%
Kidney & Renal Pelvis	51	6%
Uterus	44	5%
Thyroid	31	3%
Pancreas	28	3%
Oral Cavity & Pharynx	23	3%
Leukemia	17	2%
Multiple Myeloma	10	1%
Brain and Other CNS	13	1%
Stomach	6	< 1%
Ovary	17	2%
Esophagus	16	2%
Liver & Intrahepatic Bile Duct	6	1%
Cervix	8	1%
Hodgkins Lymphoma	2	< 1%
Testis	6	< 1%
Larynx	9	1%
Total	915	100%

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 3/31/2022)

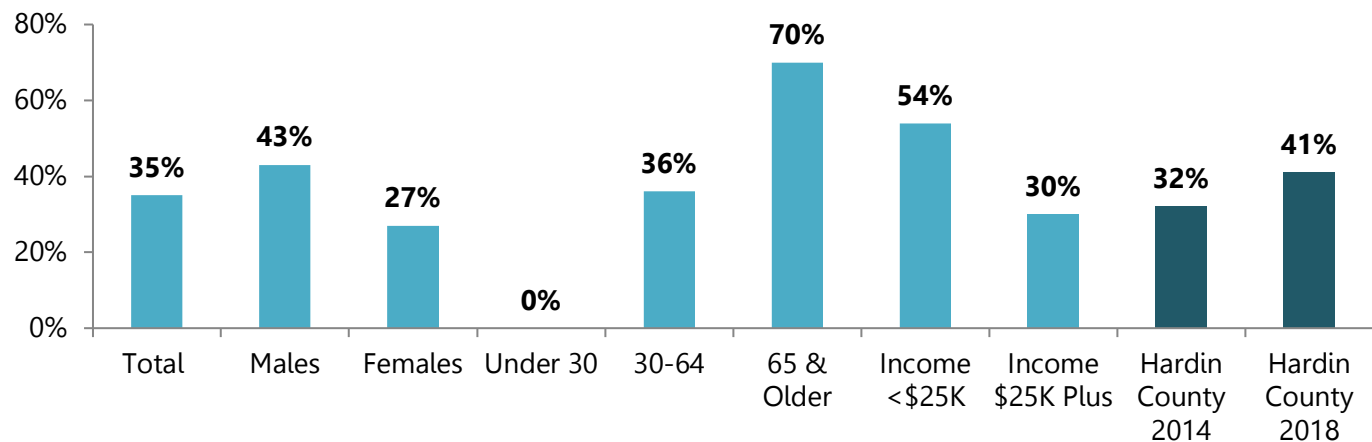
Chronic Disease: Arthritis

Arthritis

- Thirty-five percent (35%) of Hardin County adults were ever told by a doctor or health professional that they had some form of arthritis, increasing to 69% of those over the age of 65.
- Eighty-two percent (82%) of adults who were told by a doctor or health profession that they had some form of arthritis were also overweight or obese.

The following graph shows the percentage of Hardin County adults who were told by a doctor or health professional that they had some form of arthritis. An example of how to interpret the information includes: 35% of adults were told by a doctor or health professional that they had some form of arthritis, including 43% of males and 70% of adults ages 65 and older.

Hardin County Adults Diagnosed with Some Form of Arthritis



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Ever diagnosed with some form of arthritis	32%	41%	35%	30%	25%

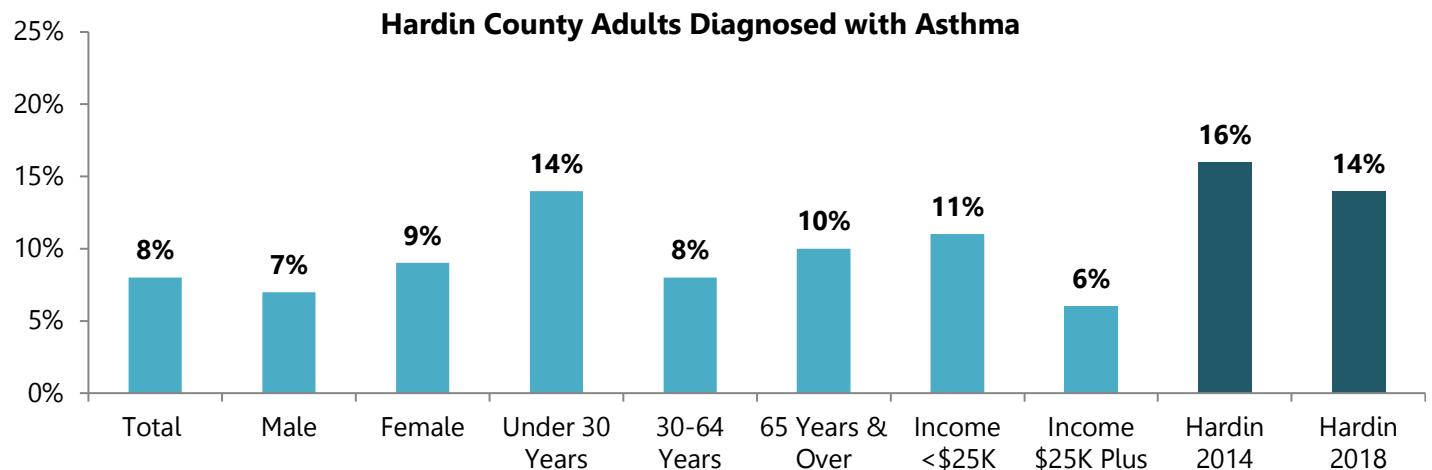
Chronic Disease: Asthma

Asthma and Other Respiratory Disease

8% of Hardin County adults, or approximately 1,891 adults, were told by a doctor, nurse, or other health professional that they have asthma.

- In 2022, 8% of Hardin County adults were told by a doctor, nurse, or other health professional that they had asthma, increasing to 17% of those over the age of 65.
- More than one-fifth (21%) of those who were told by a doctor, nurse, or other health professional that they had asthma were current smokers.

The following graph shows the percentage of Hardin County adults who were told by a doctor, nurse, or other health professional that they have asthma. Examples of how to interpret the information shown on the graph include: 8% of Hardin County adults were told by a doctor, nurse, or other health professional that they had asthma, including 14% of those under the age of 30 and 11% of those with incomes less than \$25,000.



**Previous Hardin County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio and U.S. data refers to adults who have asthma.*

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons*	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Had ever been told they have asthma	16%	14%	8%	15%	15%

** Previous Hardin County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio and U.S. data refers to adults who currently have asthma.*

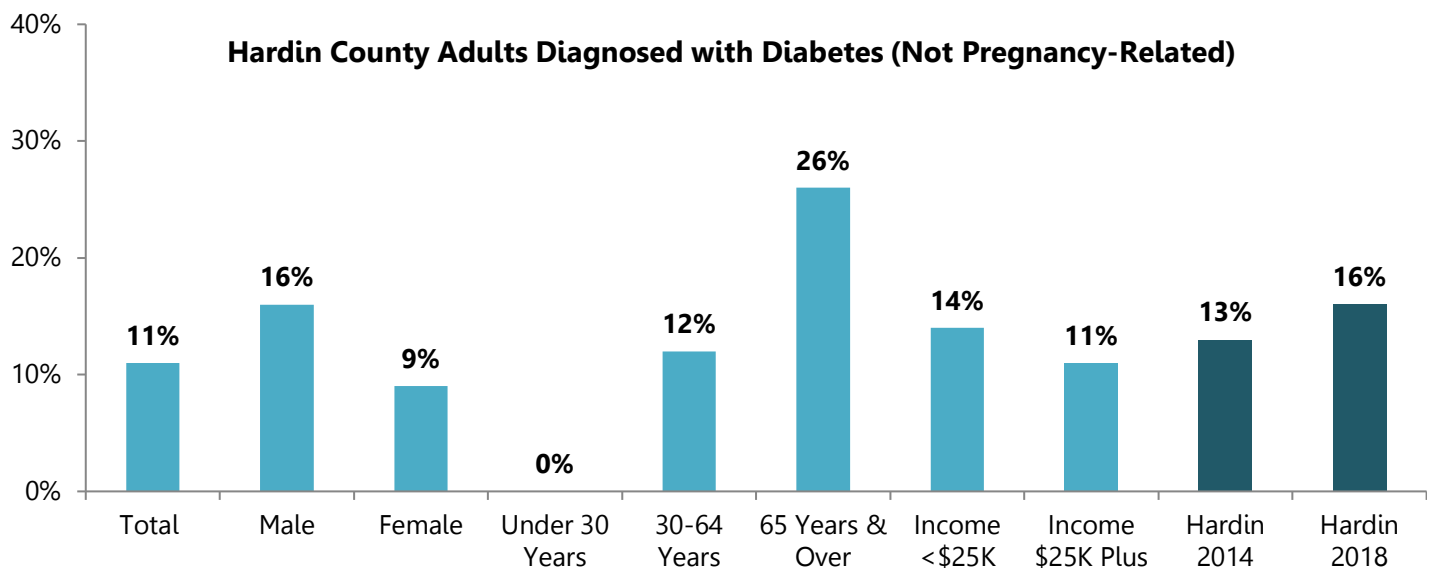
Chronic Disease: Diabetes

Diabetes

11% of Hardin County adults, or approximately 2,601 adults, were told by a doctor that they had diabetes.

- Eleven percent (11%) of Hardin County adults had been diagnosed with diabetes (not pregnancy-related), increasing to 26% of those over the age of 65.
- Two percent (2%) of women had been diagnosed with diabetes during pregnancy.
- Eleven percent (11%) of adults had been diagnosed with prediabetes.
- Half (50%) of adults with diabetes rated their health as fair or poor.
- Hardin County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - High blood pressure (90%)
 - Overweight or obese (89%)
 - High blood cholesterol (59%)

The following graph shows the percentage of Hardin County adults who were told by a doctor, nurse, or other health professional that they had diabetes (not pregnancy-related). Examples of how to interpret the information shown on the graph include: 11% of Hardin County adults were told they had diabetes, including 26% of those ages 65 and older and 14% of those with incomes less than \$25,000.



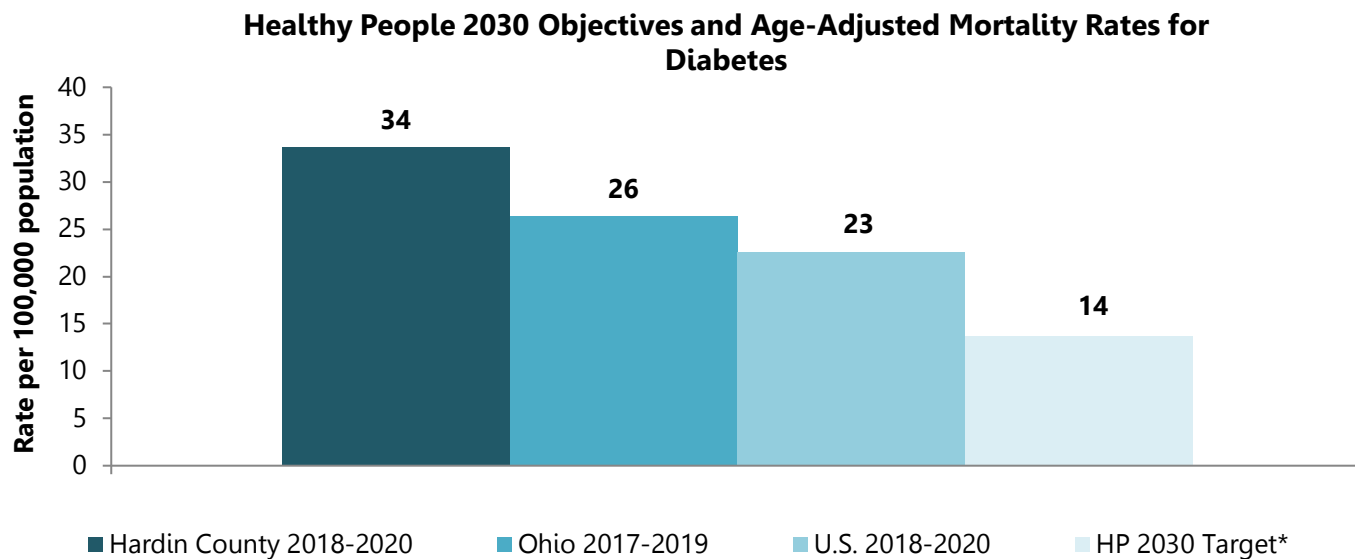
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Ever been told by a doctor they have diabetes (not pregnancy-related)	13%	16%	11%	13%	11%

Diabetes (continued)

The following graph shows the age-adjusted mortality rates for diabetes for Hardin County, Ohio, and U.S. residents with comparison to the Healthy People 2030 target objective.

- From 2018-to-2020, Hardin County's age-adjusted diabetes mortality rate was higher than the Ohio and U.S. rates, as well as the Healthy People 2030 target objective.



**The Healthy People 2030 rate is for all deaths among those diagnosed with diabetes per 1,000 people
(Source: Ohio Public Health Information Warehouse 2018-2020, CDC Wonder 2018-2020, Healthy People 2030)*

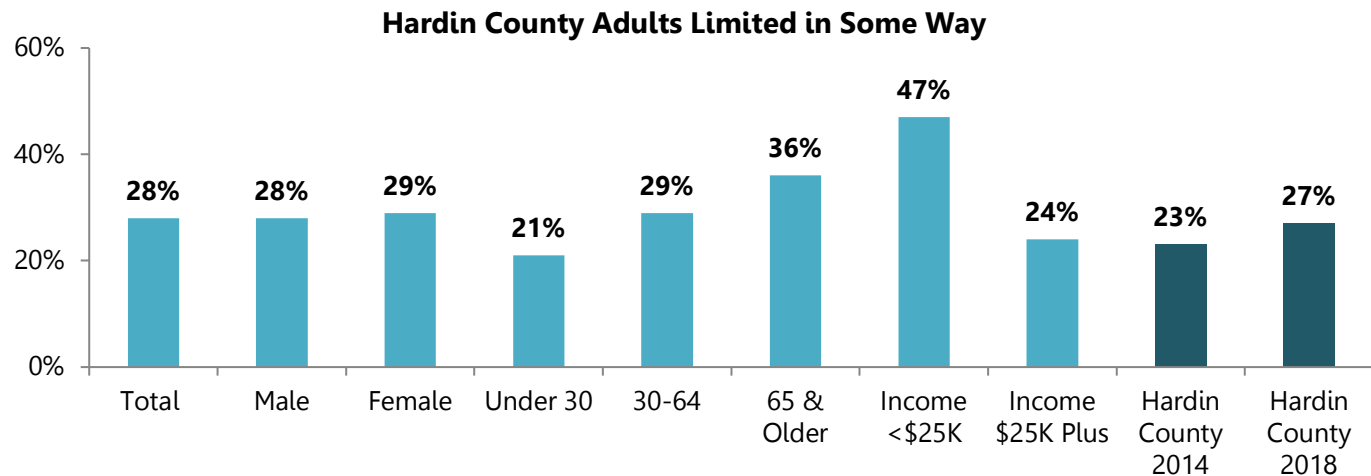
Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

Chronic Disease: Quality of Life

Impairments and Related Health Problems

- More than one-quarter (28%) of Hardin County adults were limited in some way because of a physical, mental or emotional problem, increasing to 47% of those with incomes less than \$25,000.

The following graph shows the percentage of Hardin County adults who were limited in some way. An example of how to interpret the information shown in the graph includes: 28% of Hardin County adults were limited in some way, including 36% of those ages 65 and older and 47% of those with incomes less than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

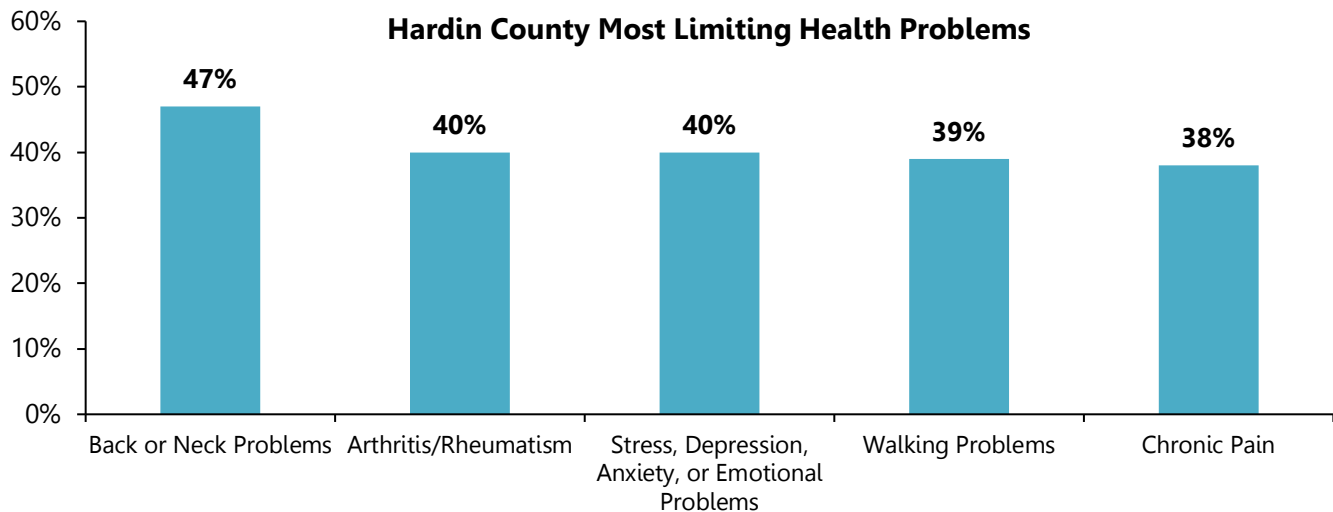
Adult Comparisons	Hardin County 2014	Hardin County 2018	Hardin County 2022	Ohio 2021	U.S. 2021
Limited in some way because of physical, mental, or emotional problem	23%	27%	28%	N/A	N/A

N/A- Not Available

- Among those who were limited in some way, the following most limiting problems or impairments were reported:
 - Back or neck problems (47%)
 - Arthritis/rheumatism (40%)
 - Stress, depression, anxiety, or emotional problems (40%)
 - Walking problems (39%)
 - Chronic pain (38%)
 - Fitness level (38%)
 - Chronic illness (30%)
 - Lung/breathing problems (26%)
 - Sleep problems (26%)
 - Eye/vision problems (20%)
 - Mental health illness/disorder (20%)
 - Fractures, bone/joint injuries (18%)
 - Dental problems (16%)
 - Confusion (13%)
 - Hearing problems (12%)
 - Memory loss (12%)
 - Learning disability (11%)
 - Substance dependency (8%)
 - Drug addiction (7%)
 - Other impairments/problems (9%)

Impairments and Related Health Problems *(continued)*

The following graph shows Hardin County adults most limiting health problems among adults who reported being limited in some way.



- Hardin County adults reported they are at risk (based on a family history) for the following:
 - High blood pressure (55%)
 - Heart disease (52%)
 - Cancer (49%)
 - Diabetes (45%)
 - High blood cholesterol (42%)
 - Mental illness (25%)
 - Alcohol addiction (17%)
 - Alzheimer's disease (15%)
 - Drug addiction (8%)
 - Suicide (3%)
 - Other addictions (3%)
 - Unexplained sudden death (2%)
- As a result of a disability, the following applied to Hardin County adults or their immediate family member:
 - They or the individual can understand and speak their needs (35%)
 - Feels prepared to handle the individual's or their needs in case of an emergency (28%)
 - They or the individual has physical restrictions (wheelchair, feeding tube, trach tube, oxygen, etc.) (24%)
 - They or the individual has access to needs within the community (17%)
 - They or the individual has emotional issues related to their disability (e.g., prone to sudden outbursts, afraid of loud noises, wanderers, or runs away) (17%)
 - They feel there are community resources available to handle the individual's or your needs in case or an emergency (16%)
 - The police and/or fire department has them or the individual registered with 911 or with their departments in case of any emergency (2%)
- Hardin County adults were responsible for providing regular care or assistance to the following:
 - Multiple children (18%)
 - Elderly parent or loved one (9%)
 - A friend, family member or spouse who had a health problem (8%)
 - An adult child (5%)
 - A friend, family member or spouse who had a mental health issue (5%)
 - Someone with special needs (4%)
 - Children with discipline issues (4%)
 - A friend, family member or spouse with dementia (3%)
 - Grandchildren (3%)

SOCIAL CONDITIONS

**Social Determinants of Health
Environmental Conditions
Parenting**

Note for population: “adults” are defined throughout the report as those ages 19 and older living in Hardin County

Social Conditions: Social Determinants of Health

Healthy People 2030

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. One of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

Healthy People 2030 has classified social determinants of health into five domains:

- Economic stability
- Education access and quality
- Social and community context
- Health care access and quality
- Neighborhood and built environment

(Source: Social Determinants of Health, Healthy People 2030)

Social Determinants of Health



Economic Stability

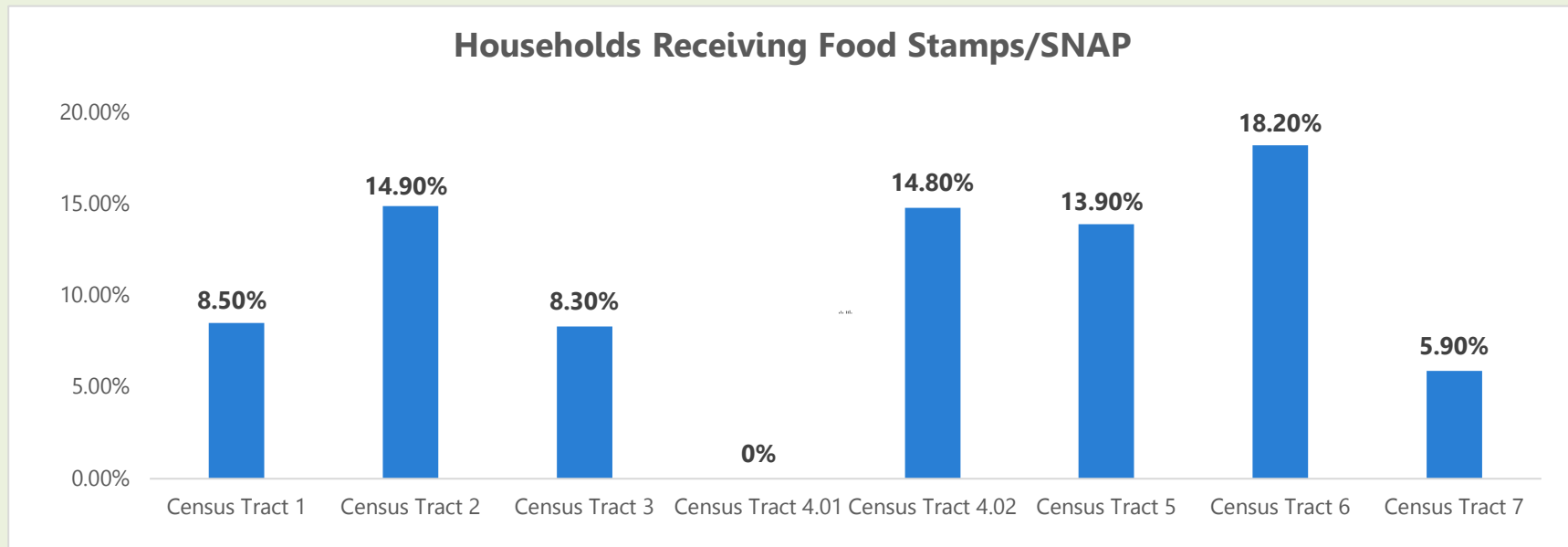
In the past year, 11% of Hardin County adults, or approximately 2,601 adults, experienced more than one food insecurity issue.

- Adults reported experienced the following food insecurity issues during the past year:
 - They had to choose between paying bills and buying food (10%)
 - They went hungry/ate less to provide more food for their family (10%)
 - They were worried food would run out (9%)
 - Loss of income led them to food insecurity issues (6%)
 - They were hungry, but did not eat because they did not have money for food (3%)
 - Their food assistance was cut (2%)
- In the past year, 11% of adults experienced more than one food insecurity issue.
- Twelve percent (12%) of adults reported at least one person in their household went to bed hungry on at least one day per week because they could not afford food.

Food Stamps/SNAP Utilization in Hardin County, Ohio

In 2020 for The American Community Survey 5 year estimate, 12.6% of the 4,717,226 households in Ohio received food stamps/SNAP (Supplemental Nutrition Assistance), and 62.1% of those households receiving food stamps/SNAP identified as being White (alone), not Hispanic or Latino, 28.5% identified as being Black or African American alone, 0.4% were American Indian or Alaska Native alone, 1.1% were Asian alone, 0% were Native Hawaiian and Other Pacific Islander, 1.5% some other race alone, 4.0% identified with two or more races (not specified), and 4.7% identified as Hispanic or Latino (of any race).

The graph below displays the percentage of households in Hardin County receiving food stamps/SNAP by census tract.



(Source: 2023 Hardin County, Ohio Health Equity Report)

SNAP Utilization and Poverty in Hardin County, Ohio

According to the 2020 American Community Survey 5-year estimate, Hardin County as a whole had a greater percentage of households that were below the poverty level, (as well as those that had received food stamps/SNAP that were below the poverty level), as compared to Ohio as a whole and The United States.

Census Tracts 2, 4.01 (presumably), and 6 had the lowest median household incomes in Hardin Co., and Tracts 4.01 and 6 also had the greatest percentage of their households that were below the poverty level. Ohio Northern University is located in Census Tract 4.01, and many of the university students also live in that census tract. It is not uncommon for college students to have low incomes, (since they are trying to balance school, work, etc.). Census Tract 6 also had the greatest percentage of those that were below the poverty level that had received food stamps/SNAP.

Poverty Level and Number of Households below poverty level receiving food stamps/SNAP (Supplemental Nutrition Assistance)											
	Census Tract 1	Census Tract 2	Census Tract 3	Census Tract 4.01	Census Tract 4.02	Census Tract 5	Census Tract 6	Census Tract 7	Hardin County	Ohio	United States
Households below poverty level and the percentage of	8.1%	13.6%	13.4%	31.6%	19.6%	17.3%	21.6%	8.0%	14.6%	13.4%	12.5%
Households below poverty level that had received food stamps (SNAP)	47.9%	47.6%	61.5%	0%	39.1%	62.1%	74.7%	5.9%	55.1%	52.5%	

(Source: 2023 Hardin County, Ohio Health Equity Report)

Economic Stability *(continued)*

Hardin County adults and their loved ones needed the following assistance in the past year:

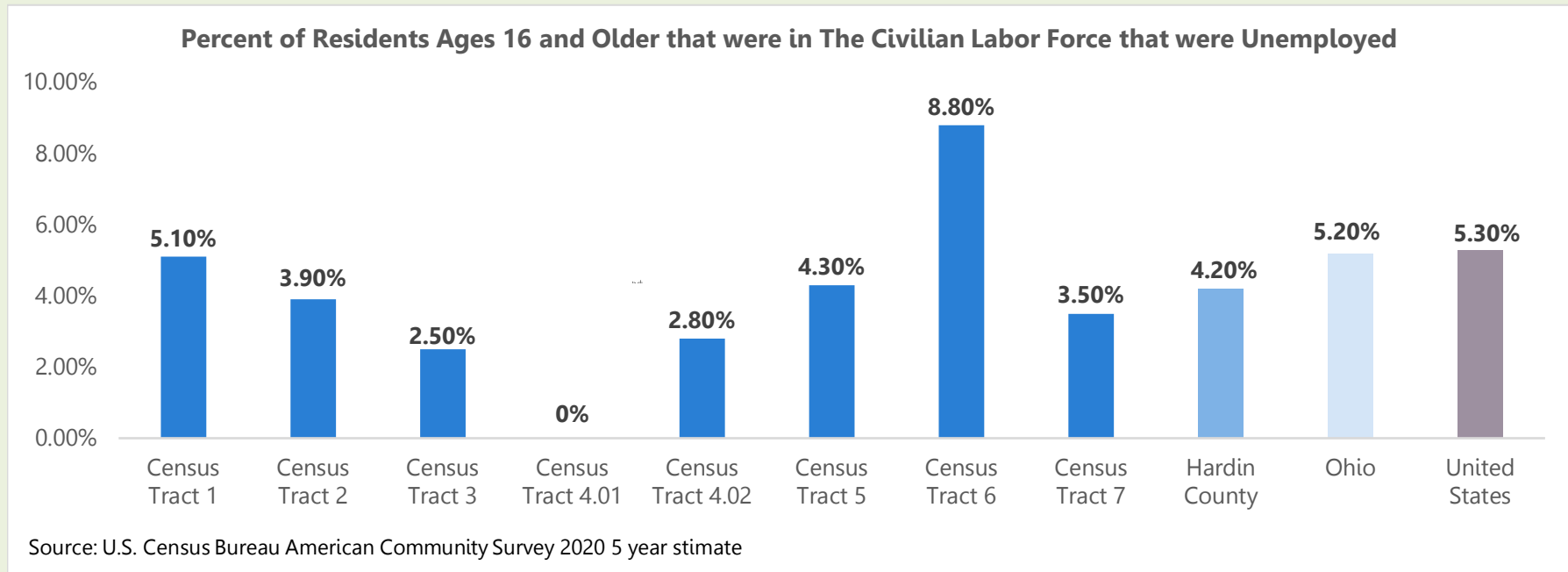
Type of Assistance	Received Assistance	Did Not Know Where to Look	Did Not Need Assistance
Affordable child care	2%	<1%	98%
Clothing	6%	1%	93%
Credit counseling	1%	7%	92%
Dental care	6%	5%	89%
Diapers	2%	0%	98%
Drug or alcohol addiction	4%	0%	96%
Employment	2%	2%	96%
Food	10%	4%	86%
Free tax preparation	4%	6%	90%
Gambling addiction	0%	0%	100%
Health care	16%	4%	80%
Home repair	3%	10%	87%
Legal aid services	<1%	3%	96%
Medicare	8%	3%	89%
Mental illness issues including depression	11%	2%	87%
Parenting	1%	2%	97%
Post incarceration transition issues	0%	2%	98%
Prescription assistance	9%	4%	87%
Rent/mortgage	5%	6%	89%
Transportation	3%	3%	94%
Unplanned pregnancy	<1%	0%	99%
Utilities	8%	7%	85%

Education

- Ninety percent (90%) of Hardin County adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, 2021 American Community Survey 5-year Estimates)*.
- Sixteen percent (16%) of Hardin County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, 2021 American Community Survey 5-year Estimates)*.
- Hardin County adults reported that they or an immediate family member had the following literacy needs: learning computer skills (18%); reading a map, signs, food ingredient labels, etc. (9%); reading and understanding instructions (8%); and completing a job application (7%).
- Adults reported Hardin County residents needed more education about:
 - Substance or drug use (53%)
 - Depression (40%)
 - Child abuse/neglect (38%)
 - Prescription drug use (37%)
 - Nutrition (37%)
 - Senior/elder care (36%)
 - Physical fitness (35%)
 - Obesity (35%)
 - Suicide (33%)
 - Other mental illness (31%)
 - Bullying (28%)
 - Access to medical care (28%)
 - Alcohol use (26%)
 - Violence (25%)
 - Teenage pregnancy (23%)
 - Food insecurity (23%)
 - Dental care (22%)
 - Tobacco use (22%)
 - Sexting (21%)
 - Chronic disease prevention (21%)
 - Homelessness (19%)
 - Disaster preparedness (16%)
 - Accidents/injuries (10%)
 - Other topics (5%)

Unemployment in Hardin County, Ohio

The United States Dept. of Labor Bureau of Labor Statistics defines unemployment as people who had no employment during the reference week, were available for work, and those who actively looked for work within the previous month. The reference week is the specific week of the month (the seven-day period (Sunday through Saturday), used to determine the employment status and the last week of the 4-week job search period used to determine unemployment status). The Bureau says that people who were waiting to be recalled to a job from which they had been laid off need not be looking for work to be classified as unemployed. People that do not have a job and are not looking for one are considered not to be in the labor force.



(Source: 2023 Hardin County, Ohio Health Equity Report)

Disability in Hardin County, Ohio

According to The Centers for Disease Control and Prevention Human Development and Disability Health Equity for People with Developmental Disabilities' webpage, Data from The Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development in 2019 says that compared to people without disabilities, people with disabilities have less access to health care, have more depression and anxiety, engage more often in risky health behaviors such as smoking, and are less physically active.

Some people with disabilities may need specialized transportation to get to and from healthcare appointments, may need a family member, friend, provider, or case worker to attend medical appointments with them to help them communicate with and understand what healthcare professionals advise them to do to improve their health, and may need to help them exercise, prepare food (especially nutritious food), administer their medications safely and correctly, etc. Hardin County Residents that have a developmental disability (occurred before age 22), may be eligible to receive Hardin County Board of Developmental Disabilities services, if they do not already.

The table below shows the amount of people in Hardin County, (and if so, which Census Tract they live in), that identify with having a disability and which type of disability that they have as compared to the amount of people in Ohio and The United States that identify with having a disability and if so, which type of disability.

Percentage of Hardin County Population Self-Identifying as Having a Disability by Census Tract, 2016-2020											
	Census Tract 1	Census Tract 2	Census Tract 3	Census Tract 4.01	Census Tract 4.02	Census Tract 5	Census Tract 6	Census Tract 7	Hardin County	Ohio	USA
People identified with having a disability	11.3%	27.7%	15.1%	6.4%	11.8%	14.0%	17.1%	10.5%	14.9%	14.0%	12.7%
Hearing difficulty	29.7%	37.9%	39.0%	0.0%	37.7%	29%	20.4%	34.3%	32.2%	26.8%	28.1%
Visual difficulty	11.1%	24.2%	14.0%	0.0%	5.8%	20.7%	18.9%	23.2%	18.0%	16.8%	18.5%
Cognitive disability	39.5%	13.6%	32.0%	88.3%	35.7%	41.8%	33.5%	34.0%	41.3%	39.0%	37.9%
Ambulatory difficulty	46.3%	56.2%	50.8%	0.0%	68.1%	51.0%	51.6%	44.9%	51.8%	50.1%	50.6%
Self-care difficulty	25.0%	20.9%	12.1%	0.00%	6.2%	17.6%	23.0%	12.4%	17.0%	18.2%	19.3%
Independent living difficulty	25.8%	45.8%	20.8%	17.5%	26.5%	32.7%	23.6%	32.8%	32.1%	34.3%	35.2%
Source: 2020 American Community Survey 5-Year Estimate											

(Source: 2023 Hardin County, Ohio Health Equity Report)

Social and Community Context

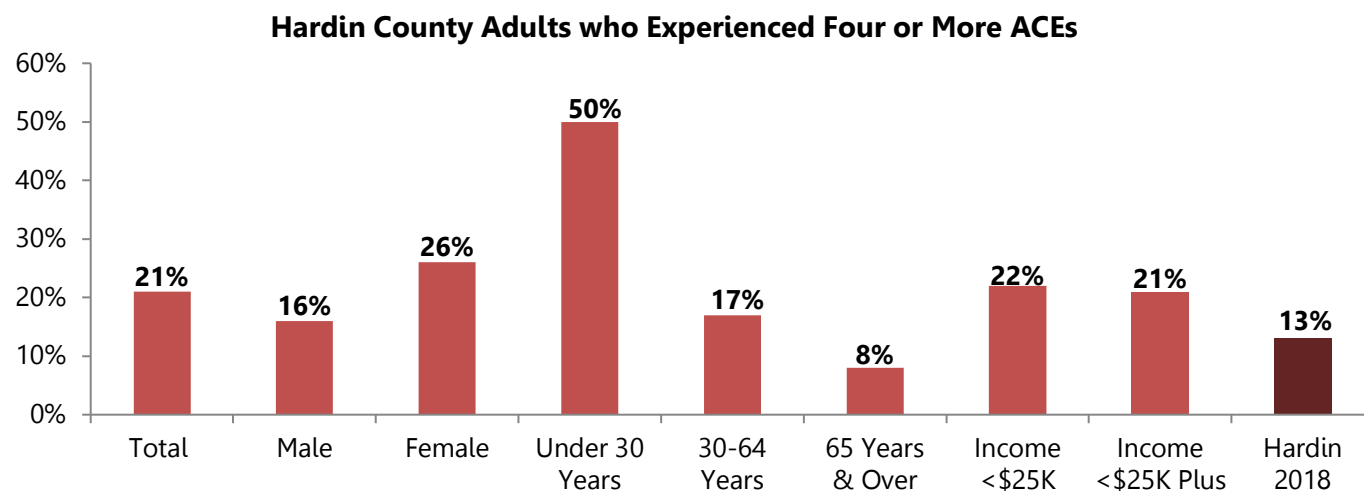
21% of Hardin County adults, or approximately 4,965 adults, experienced four or more adverse childhood experiences (ACEs).

- In the past month, Hardin County adults felt emotionally upset as a result of how they were treated based on their: religion (6%), gender identity (4%), skin color (3%), disability (3%), sexual orientation (2%), ethnicity (1%), and culture (<1%).
- Eight percent (8%) of Hardin County adults were abused in the past year including physical, sexual, emotional, verbal, or financial abuse. Those who were abused were abused by the following: a spouse or partner (74%), a parent (42%), another person outside the home (42%), their child (32%), another family member living in their household (26%), a paid caregiver (26%), and someone else (37%).
- Hardin County adults experienced the following in the past 12 months:
 - Death of a family member or close friend (41%)
 - A close family member went to the hospital (38%)
 - Had bills they could not pay (17%)
 - Decline in personal health (16%)
 - Someone close to them had a problem with drinking or drugs (11%)
 - Was a caregiver (11%)
 - Moved to a new address (9%)
 - Household income was cut by 50% (9%)
 - Someone in their household lost their job/had their hours at work reduced (8%)
 - They were threatened or abused by someone physically, emotionally, sexually and/or verbally (7%)
 - Had someone homeless living with them/sleeping on their couch (4%)
 - Their family was at risk for losing their home (4%)
 - Their child was threatened or abused by someone physically, emotionally, sexually and/or verbally (3%)
 - Witnessed someone in their family being hit or slapped (2%)
 - Were homeless (2%)
 - Knew someone living in a hotel (2%)
- Hardin County adults experienced the following adverse childhood experiences (ACEs):

— Their parents became separated or were divorced (28%)	— Someone at least 5 years older than them or an adult touched them sexually (12%)
— A parent or adult in their home swore at, insulted, or put them down (25%)	— Lived with someone who used illegal street drugs, or who abused prescription medications (11%)
— Lived with someone who was depressed, mentally ill, or suicidal (25%)	— Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (11%)
— Lived with someone who was a problem drinker or alcoholic (21%)	— Someone at least 5 years older than them or an adult tried to make them touch them sexually (9%)
— A parent or adult in their home hit, beat, kicked, or physically hurt them (15%)	— Their parents were not married (7%)
— Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (13%)	— They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (6%)
— Their family did not look out for each other, feel close to each other, or support each other (12%)	— Someone at least 5 years older than them or an adult forced them to have sex (5%)
- More than one-fifth (21%) of adults experienced four or more adverse childhood experiences (ACEs).

Social and Community Context *(continued)*

The following graph shows the percentage of Hardin County adults who experienced four or more ACEs. Examples of how to interpret the information shown on the graph includes: 21% of all Hardin County adults experienced four or more ACEs, including 26% of females and 50% of those under the age of 30.



**Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence, or neglect; witness violence in the home or community; or having a family member attempt or die by suicide (Source: CDC, Adverse Childhood Experiences).*

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The table below indicates correlations between those who experienced 4 or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 68% of those who experienced 4 or more ACEs were current drinkers, compared to 44% of those who did not experience any ACEs.

Behaviors of Hardin County Adults

Experienced 4 or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Current drinker (had at least one alcoholic beverage in the past 30 days)	68%	44%
Felt sad, blue, or depressed almost every day for two weeks or more in a row (in the past year)	45%	8%
Binge drinker (drank five or more drinks for males and 4 or more for females on an occasion in the past 30 days)	35%	40%
Current smoker (currently smoke on some or all days)	23%	6%
Contemplated suicide (in the past 12 months)	21%	1%
Current e-cigarette user (currently vape on some or all days)	19%	7%
Had an annual household income less than \$25,000	17%	13%
Had two or more sexual partners (in the past 12 months)	8%	2%
Misused prescription drugs (used prescription drugs either not prescribed to them or used them to get high or feel more alert in the past 6 months)	8%	5%
Used recreational marijuana (in the past 6 months)	4%	10%

"ACEs" indicate adults who self-reported having experienced four or more adverse childhood experiences in their lifetime.

Health and Health Care

- In the past year, 11% of adults were uninsured, increasing to 16% of those with incomes less than \$25,000.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Hardin County adults.

Neighborhood and Built Environment

5% of Hardin County adults, or approximately 1,182 adults, had a firearm that was unlocked and loaded in or around their home.

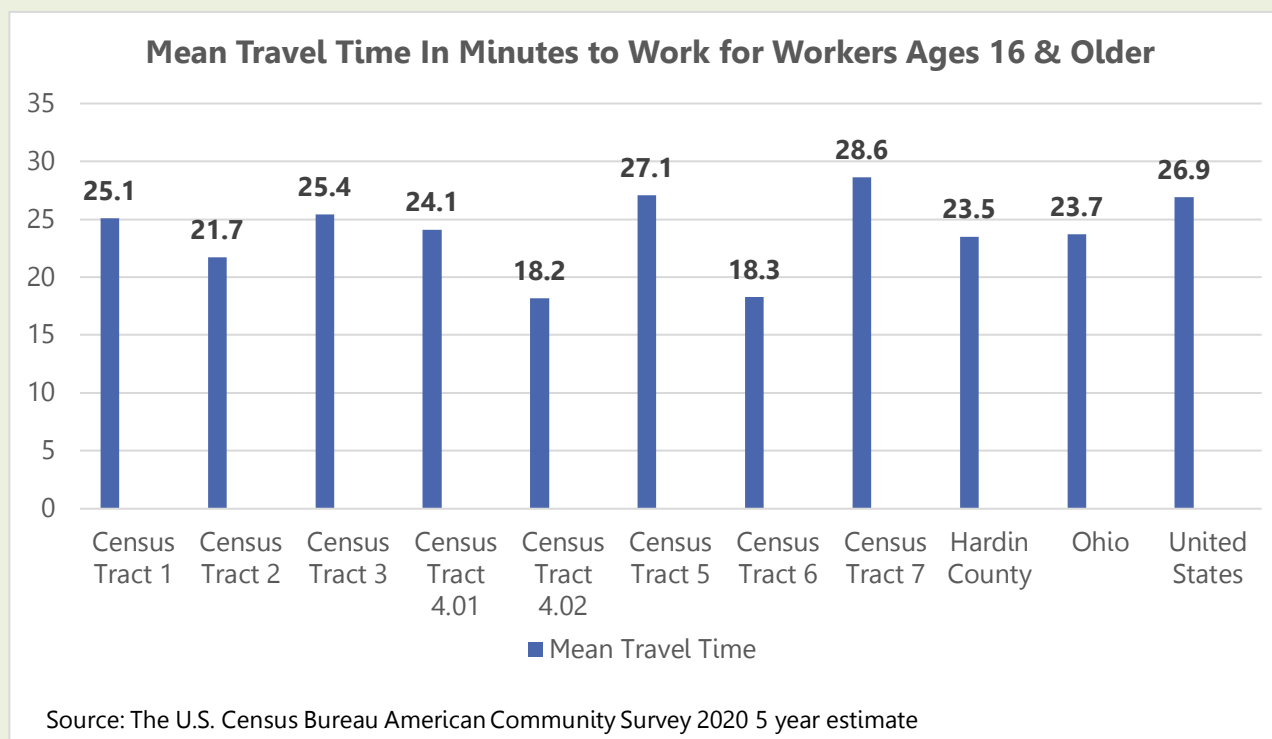
- Ninety-six percent (96%) of Hardin County adults used their vehicle or family vehicle for regular transportation. Other forms of transportation included the following: walking (10%), ride from friend or family member (9%), bike (6%), and other (2%).
- Hardin County adults reported doing the following while driving:
 - Talk on hands-free cell phone (41%)
 - Eat (36%)
 - Talk on hand-held cell phone (22%)
 - Text (15%)
 - Drive without a seatbelt (12%)
 - Use the internet on cell phone (9%)
 - Read (2%)
 - Under the influence of prescription drugs (1%)
 - Under the influence of alcohol (<1%)
 - Other (apply makeup, shave) (1%)
- Thirty-six percent (36%) of adults reported more than one distraction while driving.

Transportation in Hardin County, Ohio

Usually, people with reliable transportation have a more consistent access to medical care, work, visiting family and friends, going to stores and restaurants, visiting recreational areas, etc. Hardin County does not have public transportation that is available to all residents. Residents walk, ride on bicycles, motorcycles, in cars or taxis, utilize personal, family, or friend's vehicles, or carpool with someone.

It is also important to consider when thinking about what way workers commute to and from work and if they have access to a vehicle in which to use to travel to work, is how long it takes workers to get to work. The below graph shows the mean travel time to work for each Hardin County Census Tract, Hardin County as a whole, Ohio as a whole, and The United States as whole.

Unfortunately, Hardin County does not have any public transportation available to residents of all ages, incomes, abilities, etc. Area Agency on Aging 3 and Hardin County Council on Aging offers transportation to senior citizens, school districts offer students who meet certain criteria the opportunity to be transported to and from school using school vehicles, and people with developmental disabilities may receive funding to help pay for someone to transport them. Residents that have Medicaid health insurance may be eligible to receive transportation to and from medical appts.



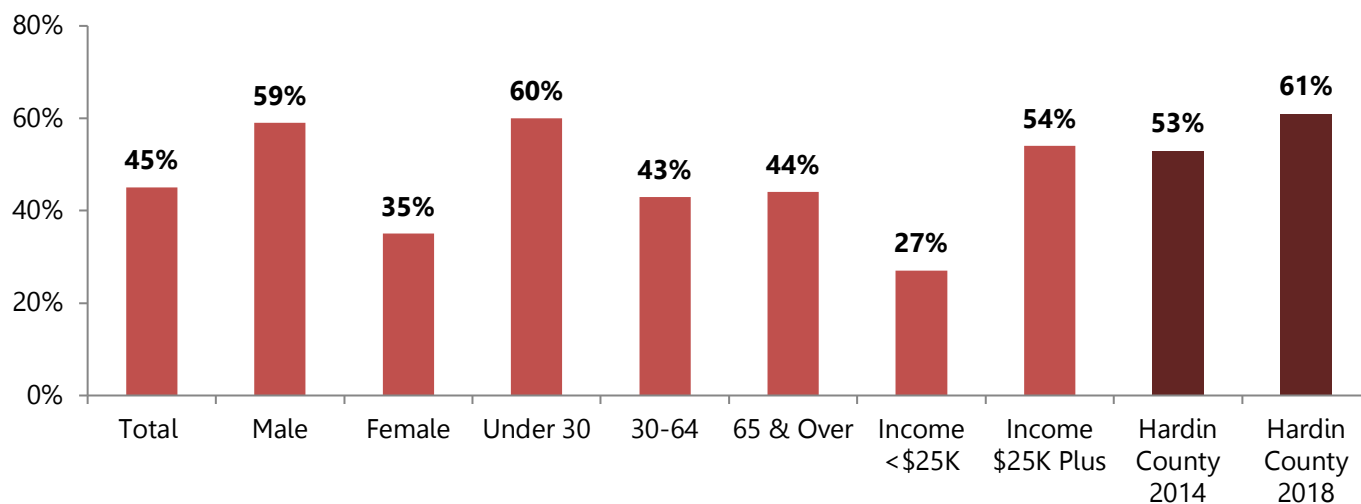
(Source: 2023 Hardin County, Ohio Health Equity Report)

Neighborhood and Built Environment *(continued)*

- More than one-quarter (26%) of Hardin County adults reported that their neighborhood was extremely safe, 57% reported it to be quite safe, 11% reported it to be slightly safe, and 2% reported it to be not safe at all. Four percent (4%) reported that they did not know how safe from crime their neighborhood was.
- Hardin County adults would support the following community health initiatives: more locally grown foods or farmer's markets (62%), local agencies partnering with grocery stores to provide healthier low cost food (51%), bike/walking trail accessibility/connectivity (44%), sidewalk accessibility (41%), community gardens (37%), new and/or updated parks (37%), safe roadways (36%), neighborhood safety (31%), and new and/or updated recreation centers (30%).
- More than two-fifths (45%) of Hardin County adults kept a firearm in or around their home. Five percent (5%) of adults reported they were unlocked and loaded.

The following graph shows the percentage of Hardin County adults that had a firearm in or around the home. An example of how to interpret the information shown on the graph includes: 61% of all Hardin County adults had a firearm in or around the home, including 59% of males and 60% of those under 30 years old.

Hardin County Adults With a Firearm or Around Their Home



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Housing Costs in Hardin County, Ohio

See the below table that compares how much residents in each of the Hardin Co. Census Tracts spend on housing costs per month, compared to Hardin County, Ohio, and the United States as a whole.

Obviously the more a household spends on paying a mortgage or rent each month, the less that they will have to use to pay for transportation costs, food, clothing, medical care, etc.

How much per month is spent on housing costs for Owner-Occupied Housing Units that have a mortgage, 2016-2020											
	Census Tract 1	Census Tract 2	Census Tract 3	Census Tract 4.01	Census Tract 4.02	Census Tract 5	Census Tract 6	Census Tract 7	Hardin County	Ohio	United States
Number of Owner-Occupied Housing Units that have a mortgage	46.1%	34.5%	54.0%	32.4%	32.4%	42.7%	29.8%	58.8%	15.7%	16.7%	15%
Spent less than \$200 per month on housing costs	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	0.1%	0.0%	0.1%
Spent between \$200-\$399	0.0%	1.5%	0.0%	0.0%	0.0%	0.9%	1.2%	1.8%	0.9%	0.5%	0.4%
Spent between \$400-\$599	11.4%	1.5%	5.5%	0.0%	0.0%	6.8%	12.9%	9.8%	6.8%	3.4%	2.1%
Spent \$600-\$799	8.5%	29.0%	12.2%	100%	7.1%	9.9%	21.9%	15.9%	15.4%	9.4%	5.7%
Spent \$800-\$999	19.4%	30.3%	15.4%	0.0%	21.5%	32.4%	25.8%	12.1%	21.3%	14.8%	9.2%
Spent \$1,000-\$1,499	45.0%	29.9%	46.7%	30.2%	30.2%	33.0%	36.4%	34.8%	36.5%	35.4%	26.8%
Spent \$1,500-\$1,999	10.7%	1.7%	14.1%	60.0%	37.0%	12.0%	36.4%	18.4%	14.0%	19.4%	21.1%
Spent \$2,000-\$2,499	5.0%	6.1%	5.1%	10.0%	10.0%	13.0%	0.0%	48.0%	3.8%	8.6%	13.2%
Spent \$2,500-\$2,999	0.0%	0.0%	0.9%	0.0%	2.5%	2.3%	0.0%	2.7%	1.3%	4.1%	8.2%
Spent \$3,000 or more	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.4%	13.1%
Source: 2020 American Community Survey 5-Year Estimate											

(Source: 2023 Hardin County, Ohio Health Equity Report)

Social Conditions: Environmental Conditions

Environmental Health

- Hardin County adults thought the following threatened their health or their family's health in the past year:
 - Insects (mosquitos, ticks, flies) (11%)
 - Mold (9%)
 - Agricultural chemicals (8%)
 - Air quality (6%)
 - Rodents (mice or rats) (6%)
 - Plumbing problems (6%)
 - Moisture issues (5%)
 - Temperature regulation (heating and air conditioning) (5%)
 - Safety hazards (4%)
 - Bed bugs (3%)
 - Cockroaches (3%)
 - Sewage/waste water problems (3%)
 - Chemicals found in household products (3%)
 - Unsafe water supply/wells (2%)
 - Sanitation issues (2%)
 - Lice (1%)

Disaster Preparedness

11% of Hardin County adults, or approximately 2,601 adults, reported insects threatened their health or their family's health in the past year.

- Adults indicated the following as their main method of communicating with relatives and friends in a large-scale disaster or emergency:
 - Cell phones (95%)
 - Text (57%)
 - Internet (30%)
 - Email (29%)
 - Regular home telephones (15%)
 - 2-way radios (12%)
 - Pager (2%)
 - TracFone (2%)
 - 2-1-1 (1%)
 - Senior emergency alert (<1%)
 - Other methods (3%)
 - Don't know (3%)
- Hardin County households had the following disaster preparedness supplies:
 - Cell phone (85%)
 - Cell phone with texting (83%)
 - Working smoke detector (80%)
 - Working flashlight and working batteries (80%)
 - Computer/tablet (73%)
 - 3-day supply of nonperishable food for everyone in the household (62%)
 - 3-day supply of prescription medication for each person who takes prescribed medicines (58%)
 - 3-day supply of water for everyone in the household (1 gallon of water per person per day) (47%)
 - Working battery-operated radio and working batteries (45%)
 - Generator (33%)
 - Communication plan (25%)
 - Home land-line telephone (21%)
 - Disaster plan (15%)
 - A family disaster plan (12%)
- Six percent (6%) of adults reported that they had none of the above disaster/emergency supplies.

Disaster Preparedness (*continued*)

- Adults indicated the following as their main method or way of getting information from authorities in a large-scale disaster or emergency:
 - Radio (68%)
 - Internet (67%)
 - Friends/family (64%)
 - Television (60%)
 - Facebook (50%)
 - Neighbors (44%)
 - Wireless emergency alerts (43%)
 - Hardin County Emergency Alert System (38%)
 - Text messages (36%)
 - Newspaper (21%)
 - Smart phone app (18%)
 - Other social media (14%)
 - Twitter (9%)
 - Landline phone (5%)
 - Other methods (4%)
 - Don't know (2%)

Social Conditions: Parenting

Parenting

- Parents indicated that their child rode in a car seat, booster seat, or wore a seatbelt at the following frequencies:

Car Seat	Booster Seat	Seat Belt with No Booster Seat
Always (37%)	Always (21%)	Always (60%)
Nearly always (1%)	Nearly always (2%)	Nearly always (9%)
Sometimes (0%)	Sometimes (0%)	Sometimes (4%)
Seldom (0%)	Seldom (0%)	Seldom (1%)
Never (1%)	Never (6%)	Never (0%)
Child is too big for car seat (62%)	Child is over 4'9" and 80 lbs. (38%) OR Child is too small for booster seat (72%)	Child is too small for seat belt with no booster seat (smaller than 4'9" and 80 lbs.) (26%)

- Parents discussed the following topics with their 12-to-17-year-old in the past year:
 - Dating and relationships (83%)
 - Career plan/post-secondary education (77%)
 - Social media issues (68%)
 - Bullying (62%)
 - Negative effects of alcohol, tobacco, illegal drugs or misusing prescription drugs (62%)
 - Weight status (60%)
 - Body image (55%)
 - School/legal consequences of using alcohol, tobacco, or other drugs (55%)
 - Depression, anxiety, and/or suicide (51%)
 - Refusal skills/peer pressure (43%)
 - Birth control/condoms/safer sex/STD prevention (43%)
 - Abstinence and how to refuse sex (36%)
 - Energy drinks (32%)
 - Volunteering (17%)
- Four percent (4%) of parents reported talking about none of the above topics with their 12-to-17-year old in the past year.
- Of children who did not receive all the recommended immunization shots for their age, parents reported the following reasons as to why:
 - Do not think immunization is necessary (25%)
 - Personal beliefs (25%)
 - Cost (13%)
 - Religious beliefs (13%)
 - Other reasons (75%)
 - Don't know (38%)

YOUTH (OHYES!) DATA

Note for population: Youth are defined throughout the report as those in grades 6-12 in public schools throughout Hardin County.

Survey sampling methods differed for Hardin County in 2014. Please compare trend data with caution.

Youth Health: Weight Status

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fat changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese (*CDC, 2021*).
- Twenty-four percent (24%) of Hardin County youth were classified as obese by Body Mass Index (BMI) calculations, 19% of youth were classified as overweight, 56% were normal weight, and 1% were underweight.

Nutrition

- During the past week, youth reported eating fruits and vegetables at the following frequencies per day: 1 to 4 servings (79%); 5 or more servings (12%); 0 servings because they did not like fruits or vegetables (5%); 0 servings, they could not afford fruits or vegetables (1%); and 0 servings because they did not have access to fruits or vegetables (3%).
- During the past week, youth reported drinking a can, bottle, or glass of soda or pop at the following frequencies: 1 to 3 times during the past week (42%), 4 to 6 times during the past week (12%), 1 time per day (11%), 2 times per day, (7%), 3 times per day (3%), and 4 or more times per day (4%). Over one-fifth (21%) of youth reported they did not drink soda or pop during the past week.
- During the past week, youth reported eating breakfast:
 - 0 days (15%)
 - 1 day (9%)
 - 2 days (11%)
 - 3 days (13%)
 - 4 days (13%)
 - 5 days (9%)
 - 6 days (7%)
 - 7 days (23%)

Physical Activity

- Seventy-five percent (75%) of youth participated in at least 60 minutes of physical activity on 3 or more days in the past week, 50% did so on 5 or more days in the past week, and 28% did so every day in the past week. Ten percent (10%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week.
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. Aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week (*CDC, 2021*).

Healthy People 2030 Nutrition and Weight Status (NWS)

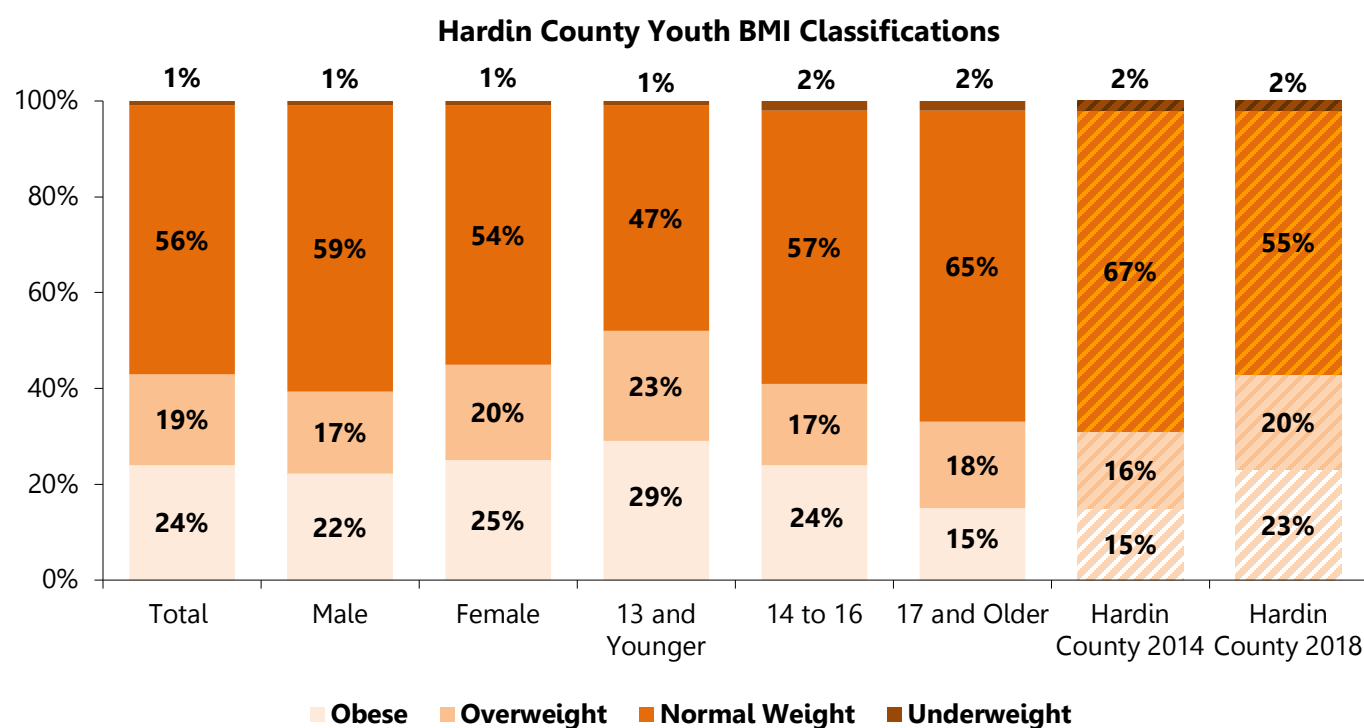
Objective	Hardin County 2022 OHYES!	Ohio 2021	U.S. 2021	Healthy People 2030 Target
NWS-04 Reduce the proportion of children and adolescents with obesity	24% (7-12 Grade) 22% (9-12 Grade)	19% (9-12 Grade)	16% (9-12 Grade)	16%* (Youth 2-19 years)

*Note: The Healthy People 2030 target is for children and youth aged 2-19 years.
(Sources: Healthy People 2030 Objectives, 2021 YRBSS, 2022 Hardin County OHYES)

Youth Comparisons	Hardin County 2014 CHA* (6 th -12 th)	Hardin County 2018 OHYES (7 th -12 th)	Hardin County 2022 OHYES (7 th -12 th)	Hardin County 2022 OHYES (9 th -12 th)	Ohio 2021 YRBSS (9 th -12 th)	U.S. 2021 YRBSS (9 th -12 th)
Obese	15%	23%	24%	22%	19%	16%
Overweight	16%	20%	19%	16%	13%	16%
Physically active at least 60 minutes per day on every day in past week	29%	30%	28%	25%	26%	24%
Physically active at least 60 minutes per day on 5 or more days in past week	46%	54%	50%	49%	49%	45%
Did not participate in at least 60 minutes of physical activity on any day in past week	15%	13%	10%	9%	16%	16%

*Survey sampling methods differed for Hardin County in 2014. Please compare with caution.

The following graph shows the percentage of Hardin County youth who were classified as obese, overweight, normal weight or underweight according to Body Mass Index (BMI) by age. Examples of how to interpret the information in the graph include: 56% of all Hardin County youth were classified as normal weight, 24% were obese, 19% were overweight, and 1% were underweight for their age and gender.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Free and Reduced Lunch Program Utilization in Hardin County, Ohio

The National School Lunch Program offers free and reduced priced lunches to students through the OH. Dept. of Education and The U.S. Dept. of Agriculture. Eligibility for this program depends on the household income and the number of residents living in the household. According to the OH. Dept of Education website, due to the COVID pandemic during the 2020-2021 school year, the U.S. Dept. of Agriculture approved districts and school to provide free meals to students through The Summer Food Service Program or Seamless Summer Option and thus did not require schools to collect nor report October 2020 Free and Reduced Lunch data. During the 2020 state fiscal year for the 2019-2020 school year (October 2019), please see the table below for information on Hardin County Schools' Usage of The Free and Reduced Lunch program.

Hardin County Schools' Usage of The Free and Reduced Lunch Program										
School Name	Ada Exempted Village Schools (Ada High School)	Hardin Community School	Hardin Co. Board of Dev. Disabilities Simon Kenton School	Hardin Northern Schools (Hardin Northern High School)	Kenton Elementary	Kenton Middle School	Kenton High School	Ridgemont Local Schools	Riverdale Local Schools (which serves students in Hancock, Hardin, and Wyandot Counties)	Upper Scioto Valley Schools (Upper Scioto Valley High School)
% of Students that Qualified for The Free Lunch Program	24.89%	67.86%	70.00%	27.64%	47.30%	37.63%	32.63%	28.89%	26.26%	47.96%
% of Students that Qualified for Reduced Price Lunch	7.85%	7.14%	0.00%	7.69%	10.34%	16.95%	7.72%	7.77%	5.14%	9.81%

(Source: 2023 Hardin County, Ohio Health Equity Report)

Youth Health: Tobacco/Electronic Vapor Product Use

Youth Tobacco Use

- Four percent (4%) of youth had smoked all or part of a cigarette within the past 30 days.
- Four percent (4%) of youth were current smokers, having smoked sometime in the past 30 days.
- Two percent (2%) of Hardin County youth had smoked cigars, cigarillos, or little cigars in the past 30 days.
- Two percent (2%) of youth in Hardin County had used chewing tobacco, snuff, dip, snus or dissolvable tobacco products in the past 30 days.

Youth Electronic Vapor Product Use

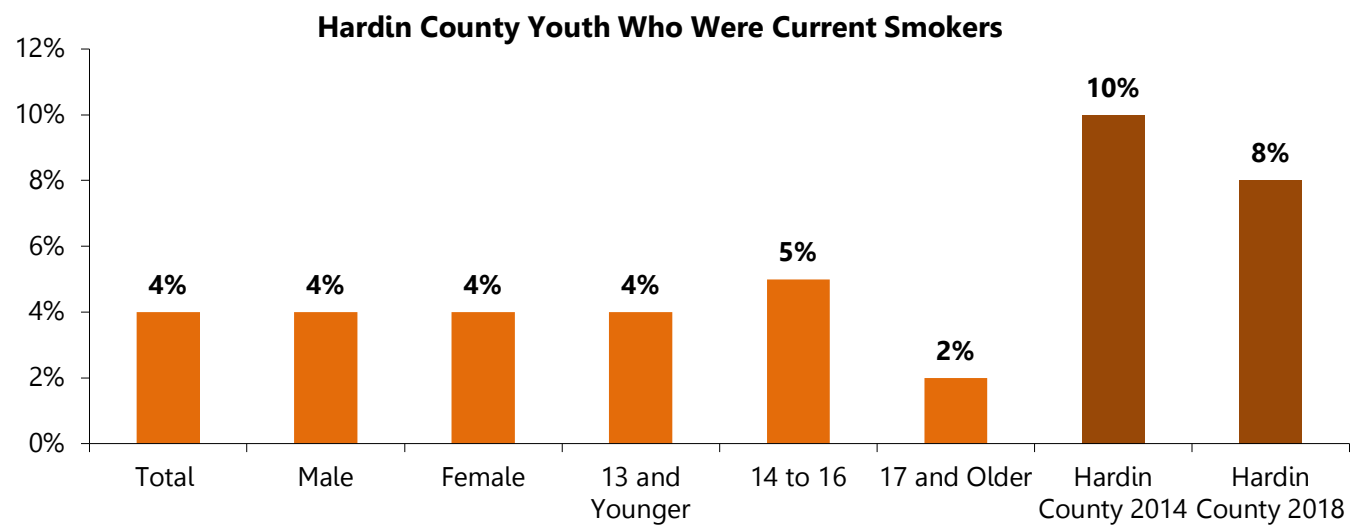
- One-fifth (20%) of youth had used an electronic vapor product in their life.
- Ten percent (10%) had used an electronic vapor product in the past 30 days.
- Of youth who obtained electronic vapor products in the past 30 days, youth reported obtaining them in the following ways:
 - Borrow (bummed) them from someone else (61%)
 - Gave someone else money to buy them (36%)
 - Received them from someone who could legally buy the products (22%)
 - Bought them in a convenience store, supermarket, discount store, gas station, or vape store (14%)
 - Took them from a store or person (13%)
 - Bought them on the Internet (5%)
 - Some other way (36%)
- Youth reported the following as main reasons for using electronic vapor products:
 - Friend used them (47%)
 - Family member used them (25%)
 - Available in flavors, such as mint, candy, fruit, or chocolate (24%)
 - Boredom (20%)
 - Less harmful than other forms of tobacco (14%)
 - Their friends pressured them (10%)
 - Easier to get than other tobacco products (7%)
 - They tried to quit using other tobacco products (6%)
 - Cost less than other tobacco products (4%)
 - Some other reasons (50%)

The table below indicates the frequency in which youth in Hardin County used the following tobacco and electronic vapor products among current users.

**Frequency of Tobacco/Electronic Vapor Product
Use Among Current Hardin Users**

Tobacco/Vapor Product	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
Cigarettes	0%	32%	24%	12%	8%	4%	20%
Electronic vapor products	49%	17%	9%	5%	6%	4%	10%

The following graph shows the percentage of Hardin County youth who were current smokers. Examples of how to interpret the information include: 4% of all Hardin County youth were current smokers, including 5% of youth ages 14 to 16.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Healthy People 2030 Tobacco Use (TU)

Objective	Hardin County 2022 OHYES!	Ohio 2021	U.S. 2021	Healthy People 2030 Target
TU-06 Reduce current cigarette smoking in adolescents (in the past month)	4% (7-12 Grade) 4% (9-12 Grade)	3% (9-12 Grade)	4% (9-12 Grade)	3% (6-12 Grade)

(Sources: Healthy People 2030 Objectives, 2021 Ohio YRBSS, 2021 U.S. YRBSS, 2022 Hardin County OHYES)

Youth Comparisons	Hardin County 2014 CHA* (6 th -12 th)	Hardin County 2018 OHYES (7 th -12 th)	Hardin County 2022 OHYES (7 th -12 th)	Hardin County 2022 OHYES (9 th -12 th)	Ohio 2021 YRBSS (9 th -12 th)	U.S. 2021 YRBSS (9 th -12 th)
Current smoker (smoked on at least 1 day during the past 30 days)	10%	8%	4%	4%	3%	4%
Current cigar smoker (cigars, cigarillos, or little cigars, on at least 1 day during the 30 days)	N/A	6%	2%	2%	3%	3%
Current electronic vapor product user (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days)	N/A	17%	10%	12%	20%	18%
Current smokeless tobacco user (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products—such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs—not counting any electronic vapor products, on at least 1 day during the 30 days)	N/A	6%	2%	2%	2%	3%

*Survey sampling methods differed for Hardin County in 2014. Please compare with caution

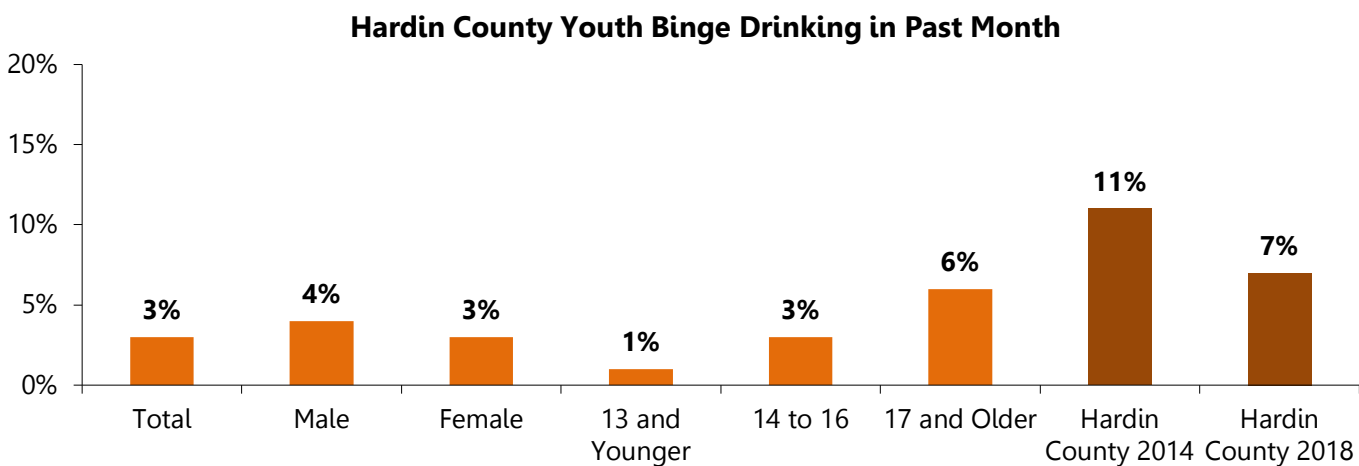
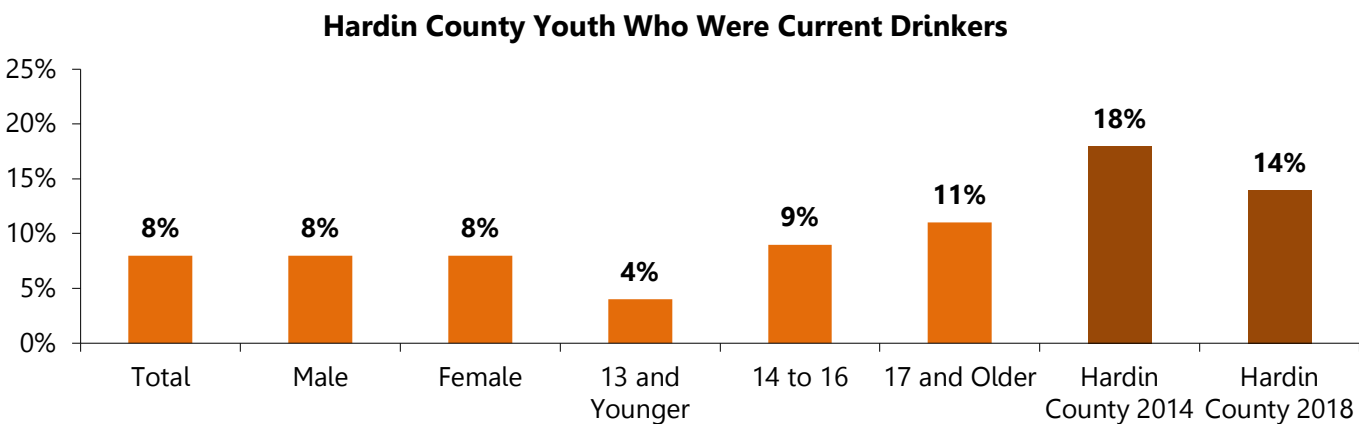
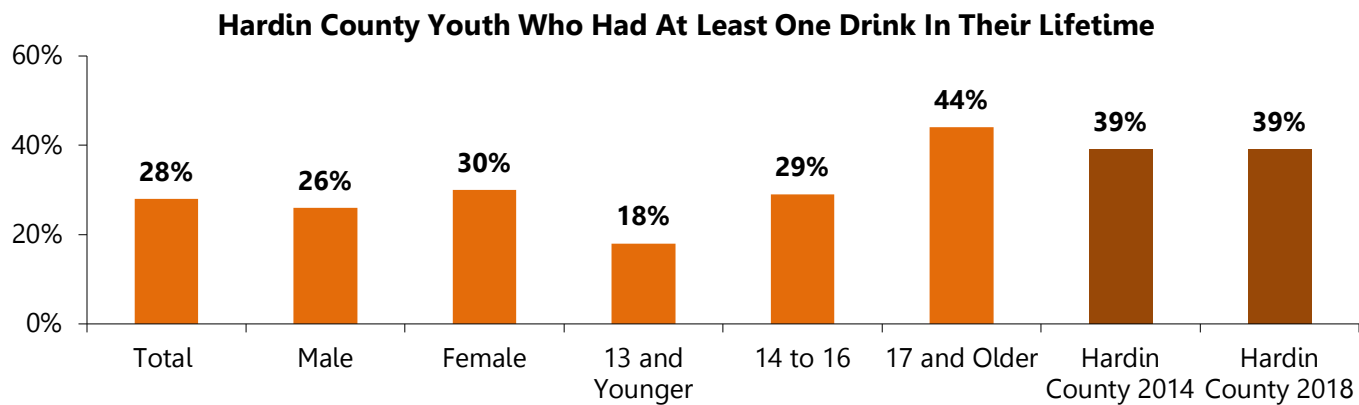
N/A – Not Available

Youth Health: Alcohol Consumption

Youth Alcohol Consumption

- Of all youth, 13% had their first drink of alcohol before the age of 13.
- Almost half (47%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 21% took their first drink between the ages of 13 and 14, 28% took their first drink between the ages of 15 and 16, and 4% started drinking at the age of 17 or older.
- Eight percent (8%) of youth had at least one drink of alcohol in the past 30 days, increasing to 11% of those ages 17 and older.
- Among current youth drinkers, Hardin County youth reported drinking at the following frequencies within the past 30 days:
 - 1 or 2 days (60%)
 - 3 to 5 days (21%)
 - 6 to 9 days (15%)
 - 10 to 19 days (4%)
 - 20 to 29 days (0%)
 - All 30 days (0%)
- Based on all youth surveyed, 3% had five or more alcoholic drinks (males) or four or more alcoholic drinks (females) on an occasion in the last 30 days and would be considered binge drinkers, increasing to 6% of those ages 17 and older.
- Youth drinkers reported they got their alcohol from the following:
 - Someone gave it to them (34%)
 - A parent gave it to them (25%)
 - Took it from a store or family member (17%)
 - Gave someone else money to buy it for them (12%)
 - A friend's parent gave it to them (9%)
 - Bought it in a liquor store, convenience store, supermarket, discount store, or gas station (5%)
 - Bought it at a public event (2%)
 - Some other way (42%)
- Youth drinkers reported drinking at the following frequencies:
 - Drink on the weekends (91%)
 - Drink during weeknights (24%)
 - Drink after school (17%)
 - Drink during school (4%)
- During the past 30 days, 8% of all youth had ridden in a car driven by someone who had been drinking alcohol.
- In the past 30 days, 2% of youth drivers had driven a car after they had been drinking alcohol.

The following graphs show the percentage of Hardin County youth who drank in their lifetime, were current drinkers, and were binge drinkers. An example of how to interpret the information on the first graph includes: 28% of all Hardin County youth have drank at some time in their life, including 26% of males and 30% of females.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Healthy People 2030 Substance Use (SU)

Objective	Hardin County 2022 OHYES!	Ohio 2021	U.S. 2021	Healthy People 2030 Target
SU-04 Reduce the proportion of adolescents who drank alcohol in the past month	8% (7-12 Grade) 10% (9-12 Grade)	23% (9-12 Grade)	23% (9-12 Grade)	6%*

Note: The Healthy People 2030 target is for youth aged 12-17 years.

(Sources: Healthy People 2030 Objectives, 2021 Ohio YRBSS, 2021 U.S. YRBSS, 2022 Hardin County OHYES!)

Youth Comparisons	Hardin County 2014 CHA* (6 th -12 th)	Hardin County 2018 OHYES (7 th -12 th)	Hardin County 2022 OHYES (7 th -12 th)	Hardin County 2022 OHYES (9 th -12 th)	Ohio 2021 YRBSS (9 th -12 th)	U.S. 2021 YRBSS (9 th -12 th)
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	39%	39%	29%	34%	N/A	N/A
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	18%	14%	8%	10%	23%	23%
Binge drinker (drank five or more drinks within a couple of hours on at least 1 day during the past 30 days)	11%	7%	3%	4%	13%	11%
Drank for the first time before age 13 (of all youth)	13%	14%	13%	12%	11%	15%
Drank and drove (of youth drivers)	11%	2%	1%	1%	N/A	N/A
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	12%	8%	7%	N/A	N/A

**Survey sampling methods differed for Hardin County in 2014. Please compare with caution.*

N/A – Not Available

Youth Health: Drug Use

Marijuana Use

- Five percent (5%) of all Hardin County youth had used marijuana at least once in the past 30 days.
- Among those who tried marijuana, 40% of youth used marijuana or hashish in the past 30 days.
- Among current marijuana users, youth reported using marijuana in the following ways:
 - Smoked it in a joint, bong, pipe, or blunt (56%)
 - Vaporized it (23%)
 - Ate it in food such as brownies, cakes, cookies, or candy (12%)
 - Drank it in a tea, cola, alcohol, or other drinks (3%)
 - Some other way (6%)
- Among current marijuana users, youth reported using marijuana:
 - On weekends (84%)
 - After school (65%)
 - On weeknights (45%)
 - Before school (16%)
 - During school (13%)
- Four percent (4%) of all Hardin County youth tried marijuana before the age of 13.
- Over one-third percent (33%) of youth who tried marijuana did so before the age of 13.
- Three percent (3%) of all youth in Hardin County reported using marijuana 3 or more times in the past month, increasing to 61% of current youth marijuana users.

Prescription Drug Misuse and Abuse

- Eight percent (8%) of youth in Hardin County reported ever using prescription drugs (e.g., OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription or differently than how a doctor told them in their lifetime.
- In the past 30 days, 1% of all youth reported using prescription drugs not prescribed for them, increasing to 16% of youth who had ever used prescription drugs without a doctor's prescription or differently than how a doctor instructed.
- Four percent (4%) of youth in Hardin County reported ever using prescription pain medicine (e.g., codeine, Vicodin, OxyContin, Hydrocodone, and Percocet) without a doctor's prescription or differently than how a doctor told them in their lifetime.
- In the past 30 days, 1% of all youth reported using prescription pain medicine not prescribed for them, increasing to 20% of youth who had ever used prescription pain medicine without a doctor's prescription or differently than how a doctor instructed.
- Among current prescription drug users, youth reported using prescription drugs:
 - On weekends (57%)
 - Before school (29%)
 - On weeknights (29%)
 - After school (14%)

Other Drug Use

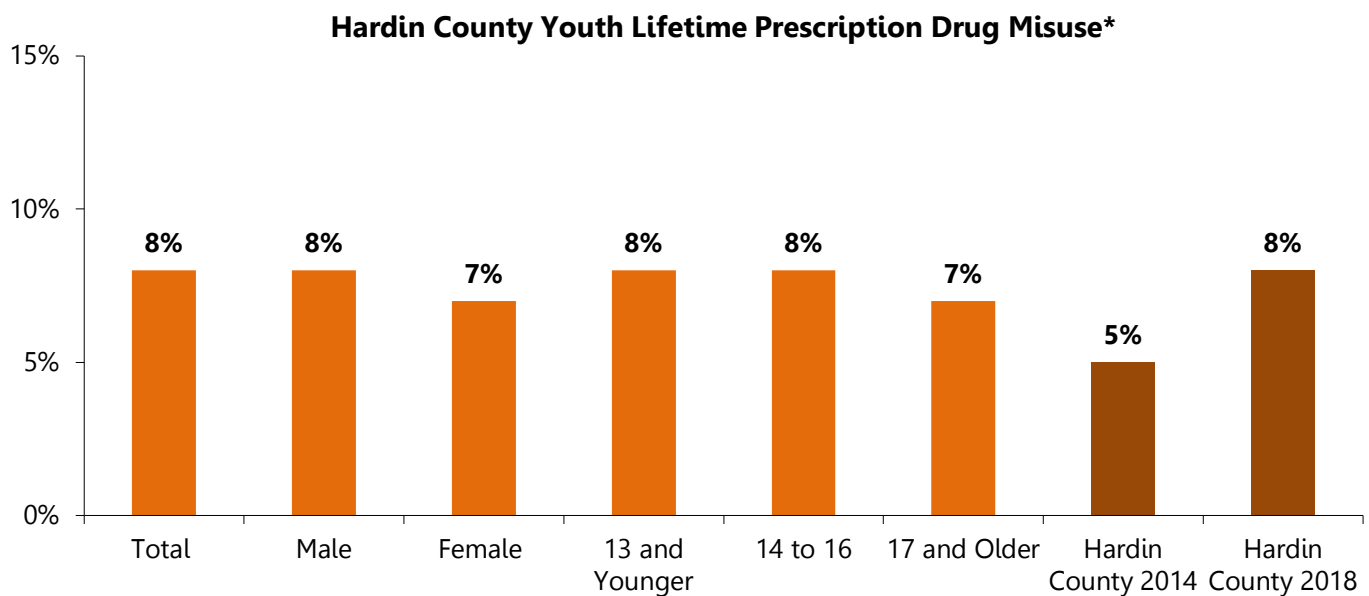
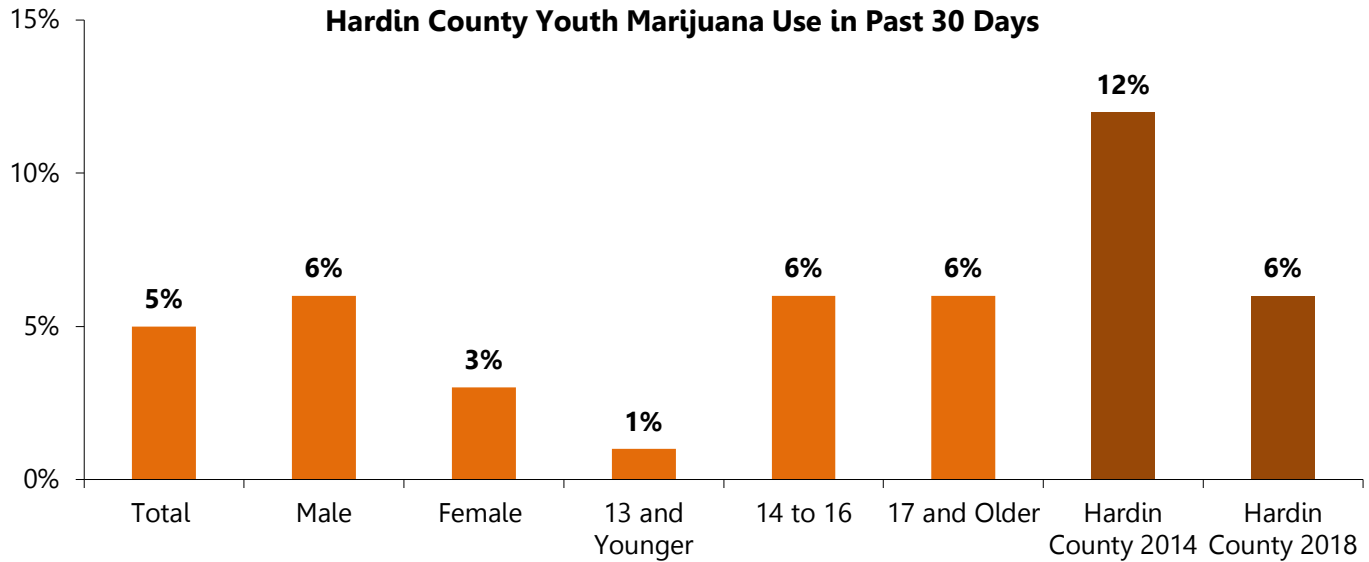
- Hardin County youth had used the following in the past 12 months:
 - Cocaine (1%)
 - Inhalants (1%)
 - Synthetic marijuana (1%)
 - Ecstasy/MDMA/Molly (1%)
 - Hallucinogenic drugs (1%)
 - Heroin (<1%)
 - Methamphetamines (<1%)
- Eight percent (8%) of youth in Hardin County reported ever using over-the-counter medications such as cold medicines, allergy medicine, or pain relievers to get high in their lifetime.
- During the past 12 months, 4% of all Hardin County youth reported that someone had offered, sold, or given them an illegal drug on school property. Other places reported by youth included in their neighborhood (3%), at a friend's house (2%), and on the school bus (1%).
- Seventy-four percent (74%) of youth recalled hearing, reading, or watching an advertisement about the prevention of substance use in the past 12 months.
- Over half (56%) of youth reported they had talked with at least one parent about the dangers of tobacco, alcohol, or drug use in the past 12 months.

The table below indicates the frequency in which youth in Hardin County misused prescription drugs and over-the-counter medications.

Frequency of Youth Lifetime Medication Misuse and Abuse

Drug	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
<u>Prescription drugs without a doctor's prescription or differently than how a doctor instructed</u>	92%	3%	2%	1%	1%	1%
<u>Prescription pain medication without a doctor's prescription or differently than how a doctor instructed</u>	96%	1%	2%	<1%	<1%	<1%
<u>Over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high</u>	92%	2%	2%	1%	1%	2%

The following graphs indicate youth marijuana use in the past 30 days and youth lifetime drug use. Examples of how to interpret the information include: 5% of youth have used marijuana in the past 30 days, including 3% of females and 6% of those 17 years of age and older.



**Referring to prescription drugs used without a doctor's prescription or differently than instructed by a doctor*

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Youth Comparisons	Hardin County 2014 CHA* (6 th -12 th)	Hardin County 2018 OHYES (7 th -12 th)	Hardin County 2022 OHYES (7 th -12 th)	Hardin County 2022 OHYES (9 th -12 th)	Ohio 2021 YRBSS (9 th -12 th)	U.S. 2021 YRBSS (9 th -12 th)
Currently use marijuana (in the past 30 days)	12%	6%	5%	7%	13%	16%
Tried marijuana for the first time before age 13	N/A	6%	4%	4%	N/A	5%
Ever took prescription drugs without a doctor's prescription (in their lifetime)	5%	8%^	8%^	8%^	10%	12%
Ever used methamphetamines (in their lifetime)	N/A	N/A	<1%	<1%	2%	2%
Ever used cocaine (in their lifetime)	N/A	N/A	1%	<1%	2%	3%
Ever used heroin (in their lifetime)	N/A	N/A	<1%	<1%	N/A	1%
Ever used inhalants (in their lifetime)	N/A	N/A	1%	<1%	N/A	8%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	N/A	1%	1%	N/A	3%
Ever took steroids without a doctor's prescription (in their lifetime)	N/A	N/A	0%	0%	N/A	N/A
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	4%	4%	4%	N/A	14%**

*Survey sampling methods differed for Hardin County in 2014. Please compare with caution.

**YRBSS is for youth who were ever offered, sold, or given an illegal drug on school property.

^ OHYES questionnaire asked this question slightly different from the YRBSS. Please compare with caution.

N/A – Not Available

Youth Health: Mental Health

Youth Mental Health

- Over one-third (35%) of Hardin County youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 43% of females.
- Fourteen percent (14%) of youth reported they had seriously considered attempting suicide in the past 12 months.
- Of youth who seriously considered attempting suicide in the past 12 months, 53% attempted suicide in the past 12 months.
- In the past 12 months, 7% of youth had attempted suicide.
- Among youth who had attempted suicide in the past year, 17% reported their suicide attempt resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- Of all youth, 1% reported they had a suicide attempt in the past year that resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- Youth in Hardin County reported being bothered nearly every day within the past 2 weeks by the following: feeling nervous, anxious, or on edge (14%); not being able to stop or control worrying (10%); feeling down, depressed, or hopeless (7%); and having little interest or pleasure in doing things (6%).
- Youth reported the following ways of dealing with stress: physical activity (48%); avoid people who create drama (38%); express oneself through the arts and literature (34%); participate in hobbies or community service (26%); get support from others (26%); meditate, pray, or use relaxation techniques (15%); and limit exposure to social media (13%). Twelve percent (12%) of youth reported they did not have stress.
- Forty percent (40%) of youth in Hardin County reported they had ever visited a doctor, nurse, therapist, social worker, or counselor for a mental health problem. Twenty-eight percent (28%) of youth had visited a mental health provider within the past 12 months, and 7% had visited more than two years ago.

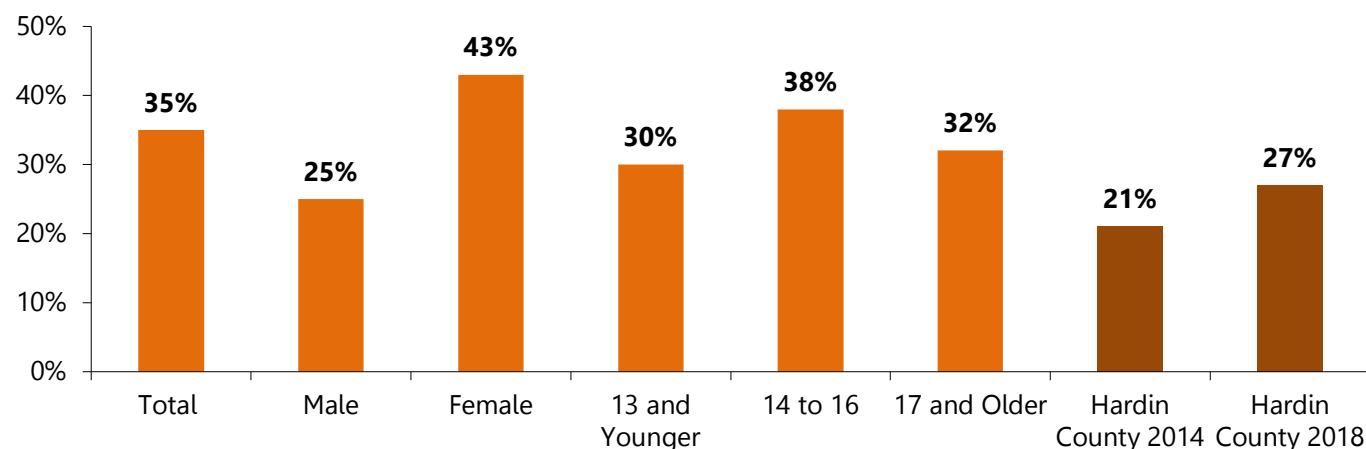
Mental Health Impacts

Hardin County youth reported they were bothered by the following within the past 2 weeks:

Mental Health	Not at All	Several Days	More Days Than Not	Nearly Every Day
Feeling nervous, anxious, or on edge	41%	33%	12%	14%
Not being able to stop or control worrying	52%	26%	12%	10%
Feeling down, depressed, or hopeless	60%	23%	10%	7%
Little interest or pleasure in doing things	61%	24%	9%	6%

The following graph shows Hardin County youth who felt sad or hopeless for two or more weeks in a row. An example of how to interpret the information includes: 35% of youth felt sad or hopeless for two or more weeks in a row, including 25% of males, and 43% of females.

**Hardin County Youth Who Felt Sad or Hopeless
for Two or More Weeks in a Row**



Note for graph: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Hardin County 2014 CHA* (6 th -12 th)	Hardin County 2018 OHYES (7 th -12 th)	Hardin County 2022 OHYES (7 th -12 th)	Hardin County 2022 OHYES (9 th -12 th)	Ohio 2021 YRBSS (9 th -12 th)	U.S. 2021 YRBSS (9 th -12 th)
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	21%	27%	35%	36%	43%	42%
Seriously considered attempting suicide (in the past 12 months)	12%	16%	14%	13%	22%	22%
Attempted suicide (in the past 12 months)	3%	8%	7%	7%	10%	10%

**Survey sampling methods differed for Hardin County in 2014. Please compare with caution.*

N/A – Not Available

Youth Health: Social Determinants of Health

Personal Health

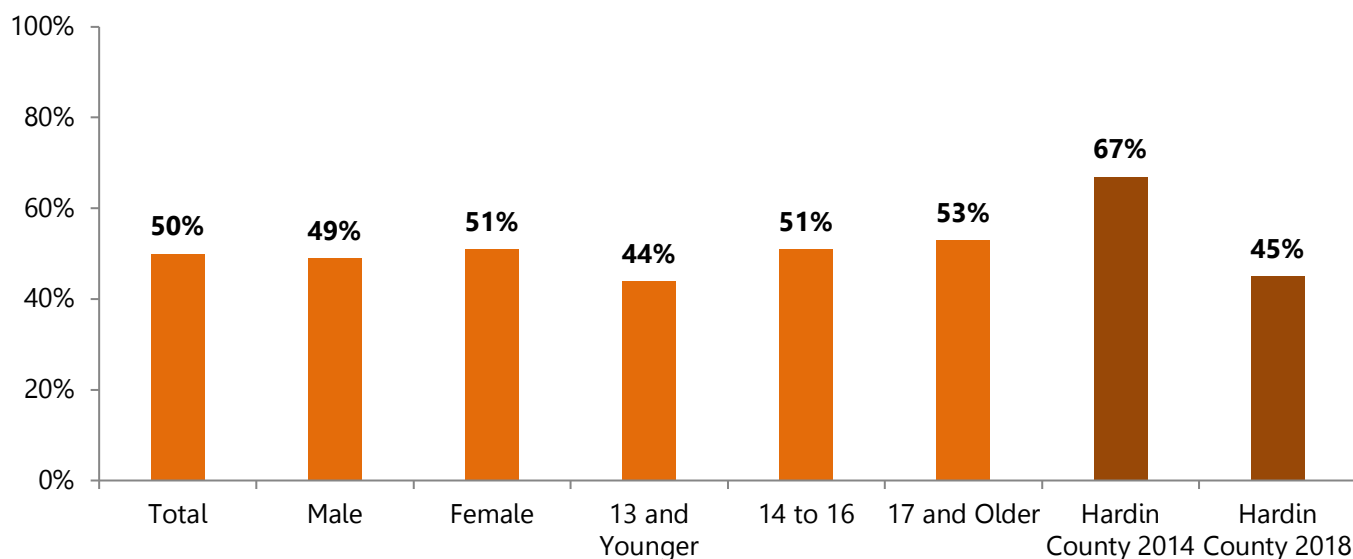
- Half (50%) of Hardin County youth had visited a doctor or nurse for a check-up during the past year. Eight percent (8%) of youth reported visiting a doctor or nurse between 12-24 months ago, and 5% reported last visiting a doctor over 2 years ago. Twelve percent (12%) of youth said they had never been to the doctor or nurse for a routine check-up.
- Ten percent (10%) of youth reported that they had a disability or long-term health problem that prevented them from doing everyday activities.
- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work at the following frequencies: less than a year ago (60%), 1 to 2 years ago (14%), more than 2 years ago (7%), never (3%), and not sure (16%).
- Hardin County youth reported they got the following amounts of sleep on an average school night: four hours or less (7%), five hours (10%), six hours (18%), seven hours (25%), eight hours (28%), nine hours (8%) and ten hours or more (4%).
- Youth reported their parents limited the times of day or length of time they used their electronic devices for non-school related purposes at the following frequencies: never (50%), rarely (22%), sometimes (17%), and often (11%).
- Seventy-four percent (74%) of youth reported taking part in organized activities such as sports teams, school clubs, community center groups, music, art, or dance lessons, drama, church, or other activities in the past week.

Youth Comparisons	Hardin County 2014 CHA* (6 th -12 th)	Hardin County 2018 OHYES (7 th -12 th)	Hardin County 2022 OHYES (7 th -12 th)	Hardin County 2022 OHYES (9 th -12 th)	Ohio 2021 YRBSS (9 th -12 th)	U.S. 2021 YRBSS (9 th -12 th)
Visited a doctor or other health care professional (for a routine check-up in the past year)	67%	45%	50%	52%	N/A	N/A
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	71%	63%	60%	62%	N/A	N/A

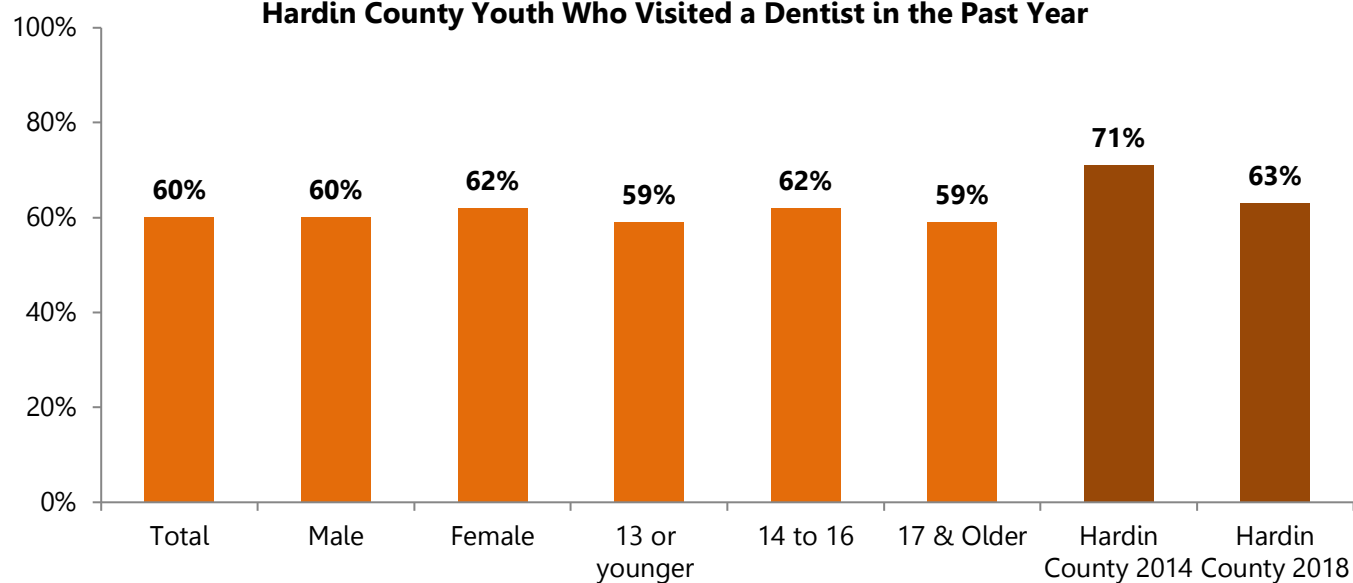
**Survey sampling methods differed for Hardin County in 2014. Please compare with caution.
N/A – Not Available*

The following graphs show Hardin County youth who visited a doctor and who visited a dentist in the past year. Examples of how to interpret the information include: 50% of youth had visited a doctor in the past year, including 49% of males and 51% of females.

Hardin County Youth Who Visited a Doctor Within the Past Year



Hardin County Youth Who Visited a Dentist in the Past Year



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Personal Safety

- In the past 30 days, 20% of youth drivers reported they had texted or emailed on at least one day while driving a car or other vehicle.
- Sixteen percent (16%) of youth had a concussion in the past year from playing a sport or being physically active, increasing to 20% of males.

Social and Community Context

- Youth reported the following adverse childhood experiences (ACEs):
 - Parents or adults in home swore at them, insulted them or put them down (61%)
 - Parents became separated or divorced, or were never married (50%)
 - Lived with someone who was depressed, mentally ill or suicidal (32%)
 - Lived with someone who had a problem with alcohol or drug use (25%)
 - Parents or adults in home hit, beat, kicked, or physical hurt them (20%)
 - Lived with someone who served time or was sentenced to serve time in a prison, jail, or other detention center (16%)
 - Parents or adults in the home slapped, hit, kicked, punched, or beat each other up (13%)
- Almost one-third (28%) of youth had experienced three or more ACEs in their lifetime.
- Nine percent (9%) of youth reported a parent or other adult in their home hit, beat, kicked, or physically hurt them in the past year.
- Forty percent (40%) of youth reported a parent or other adult in their home insulted or put them down in the past year.
- Six percent (6%) of youth reported there has been an adult in their household who tried to make sure their basic needs were met, such as looking after their safety, making sure they had clean clothes, and enough to eat.
- Forty-seven percent (47%) of youth reported they often felt they were able to talk to an adult in their family or another caring adult about their feelings.
- Seventeen percent (17%) of youth have felt that they were treated badly or unfairly because of their race or ethnicity.
- Fifteen percent (15%) of youth had ever seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood.

Education

- In the past year, Hardin County youth described their grades in school as the following:
 - Mostly A's (53%)
 - Mostly B's (30%)
 - Mostly C's (10%)
 - Mostly D's (2%)
 - Mostly F's (1%)
- Hardin County youth reported they agreed or strongly agreed with the following statements about school:
 - My parents push me to work hard in school (81%)
 - My parents talk to me about what I do in school (62%)
 - I can go to adults at my school for help if I needed it (55%)
 - My school provides various opportunities to learn about and appreciate different cultures and ways of life (50%)
 - I feel like I belong at my school (43%)
 - I enjoy coming to school (29%)
- In the past year, youth reported their parents checked whether they had done their homework at the following frequencies: never or almost never (20%), sometimes (24%), often (24%), and all the time (32%).

School Perceptions

Hardin County youth reported the following about school:

Perceptions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I enjoy coming to school	13%	14%	44%	24%	5%
I feel like I belong at my school	9%	10%	38%	32%	11%
I can go to adults at my school for help if I needed it	8%	9%	28%	39%	16%
My school provides various opportunities to learn about and appreciate different cultures and ways of life	5%	11%	34%	36%	14%
My parents talk to me about what I do in school	4%	8%	26%	39%	23%
My parents push me to work hard in school	1%	3%	15%	42%	39%

Gambling

- In the past 12 months, 10% of youth in Hardin County reported gambling money or things while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or in internet gaming.
- Among youth who had gambled in the past 12 months, youth reported gambling at the following frequencies: less than once a month (49%), about once a month (28%), about once a week (11%), and daily (12%).
- Youth gamblers experienced the following in the past 12 months: felt bad about the amount they bet, or about what happened when they bet on money or things (21%); gambled more than they planned to (19%); and hid from family or friends any betting slips, I.O.U.s, lottery tickets, money or things they won, or other signs of gambling (14%).
- Ten percent (10%) of youth gamblers reported they had ever lied to important people in their lives about how much they gamble.

Youth Health: Violence

Violence-Related Behaviors

- Hardin County youth reported they felt safe and secure at school at the following frequencies: never (2%), rarely (3%), sometimes (15%), most of the time (51%), and all of the time (29%).
- Eleven percent (11%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school.
- Eight percent (8%) of youth were threatened or injured with a weapon on school property in the past year.

Physical Violence

- In the past 12 months, 17% of youth had been involved in a physical fight.
- In the past 12 months, 7% of youth had been involved in a physical fight on school property.
- Of those who had been in a physical fight on school property, 43% had been in a fight on one or more occasions.
- In the past 12 months, 7% of Hardin County youth reported they had been physically hurt by someone they were dating.

Bullying

- Thirty-eight percent (38%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 29% of youth were verbally/emotionally bullied (teased, taunted or called harmful names)
 - 24% of youth were indirectly bullied (spread mean rumors about them or kept them out of a "group")
 - 8% of youth were cyber/electronically bullied (teased, taunted or threatened by e-mail, cell phone or other electronic methods)
 - 8% of youth were physically bullied (were hit, kicked, punched or people took their belongings)
 - 4% of youth were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- Fifteen percent (15%) of youth reported they had ever been electronically bullied through email, cell phone, or other electronic methods.
- Of those who had been bullied in the past 12 months, 39% had been electronically bullied.
- In the past 12 months, 25% of youth had been bullied on school property.
- Of those who had been bullied in the past 12 months, 66% had been bullied on school property.

Types of Bullying Hardin County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Verbally/Emotionally Bullied	29%	23%	33%	36%	29%	19%
Indirectly Bullied	24%	11%	35%	27%	24%	18%
Cyber/Electronically Bullied	8%	6%	10%	6%	10%	7%
Physically Bullied	8%	9%	6%	10%	8%	3%
Sexually Bullied	4%	1%	6%	3%	4%	3%

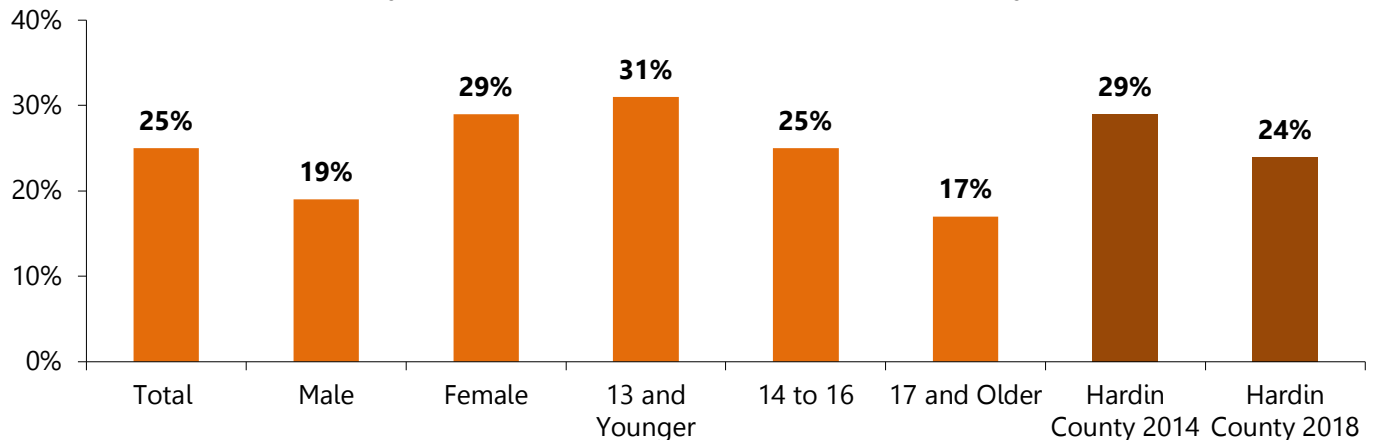
Healthy People 2030 Injury and Violence Prevention (IVP)

Objective	Hardin County 2022 OHYES!	Ohio 2021	U.S. 2021	Healthy People 2030 Target
IVP-11 Reduce physical fighting among adolescents	17% (7-12 Grade) 13% (9-12 Grade)	N/A (9-12 Grade)	18% (9-12 Grade)	21% (9-12 grade)

(Sources: Healthy People 2030 Objectives, 2021 Ohio YRBSS, 2021 U.S. YRBSS, 2022 Hardin County OHYES)

The following graph shows Hardin County youth who were bullied on school property in the past year. Examples of how to interpret the information include: 25% of youth were bullied on school property in the past year, including 19% of males and 29% of females.

Hardin County Youth Who Were Bullied on School Property in the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Hardin County 2014 CHA* (6 th -12 th)	Hardin County 2018 OHYES (7 th -12 th)	Hardin County 2022 OHYES (7 th -12 th)	Hardin County 2022 OHYES (9 th -12 th)	Ohio 2021 YRBSS (9 th -12 th)	U.S. 2021 YRBSS (9 th -12 th)
Were in a physical fight (in the past 12 months)	24%	18%	17%	13%	N/A	18%
Were in a physical fight on school property (in the past 12 months)	8%	9%	7%	4%	N/A	6%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	12%	8%	6%	N/A	7%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	5%	13%	11%	10%	9%	9%
Bullied on school property (in the past year)	29%	24%	25%	22%	20%	15%
Electronically bullied (bullied through e-mail, chat rooms, instant messaging, websites or texting in the past year)	8%	15%	15%	14%	19%	16%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	N/A	N/A	7%	7%	5%	9%

*Survey sampling methods differed for Hardin County in 2014. Please compare with caution.

N/A – Not Available

Youth Health: Perceptions of Risky Behaviors

Perceived Risk of Drug Use

- One-quarter (25%) of youth thought there was a great risk in harming themselves physically or in other ways in they had five or more drinks of an alcoholic beverage once or twice a week. Twelve percent (12%) thought that there was no risk if they had five or more drinks of an alcoholic beverage once or twice a week.
- Forty-seven percent (47%) of youth thought there was a great risk in harming themselves physically or in other ways in they smoked one or more packs of cigarettes per day. Eleven percent (11%) thought there was no risk if they smoked one or more packs of cigarettes per day.
- Thirty-four percent (34%) of youth thought there was a great risk in harming themselves physically or in other ways if they used electronic vapor products every day. Eleven percent (11%) thought there was no risk if they used electronic vapor products every day.
- Over one-quarter (27%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. Eighteen percent (18%) of youth thought that there was no risk if they smoked marijuana once or twice a week.
- Over half (54%) of youth thought there was a great risk in harming themselves physically or in other ways if they used prescription drugs that were not prescribed for them. Eight percent (8%) of youth thought that there was no risk in misusing prescription drugs.

Degree of Disapproval of Use by Parents

- Sixty-five percent (65%) of youth reported their parents would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
- Over three-fourths (79%) of Hardin County youth reported their parents would feel it was very wrong for them to smoke tobacco.
- Seventy-three percent (73%) of Hardin County youth reported their parents would feel it was very wrong for them to use electronic vapor products.
- Seventy-six percent (76%) of youth reported their parents would feel it was very wrong for them to smoke marijuana.
- Eighty-one percent (81%) of youth reported their parents would feel it was very wrong for them to misuse prescription medications.

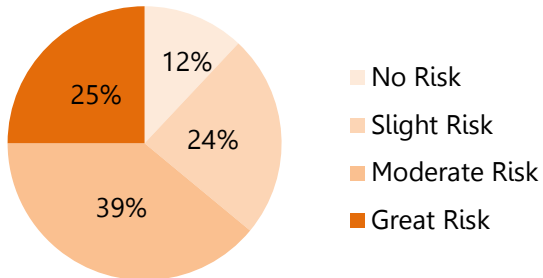
Degree of Disapproval of Use by Friends

- Forty percent (40%) of youth reported their friends would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
- Half (50%) of Hardin County youth reported their friends would feel it was very wrong for them to smoke tobacco.
- Forty-two percent (42%) of youth reported their friends would feel it was very wrong for them to use electronic vapor products.
- Over half (52%) of youth reported their friends would feel it was very wrong for them to smoke marijuana.
- Sixty-two percent (62%) of youth reported their friends would feel it was very wrong for them to misuse prescription medications.

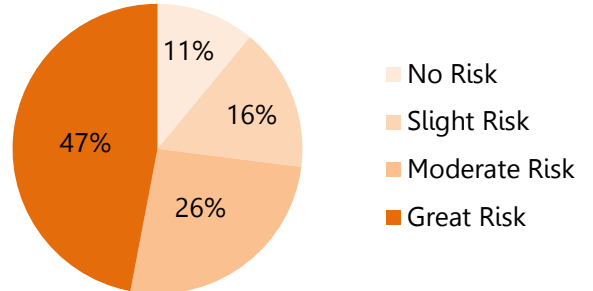
Perceived Risk of Drug Use by Surveyed Youth

How much do you think people risk harming themselves if they:

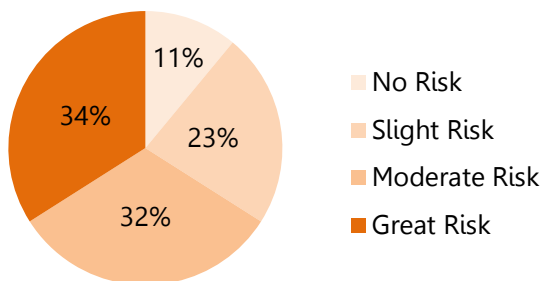
Have five or more drinks of an alcoholic beverage per day



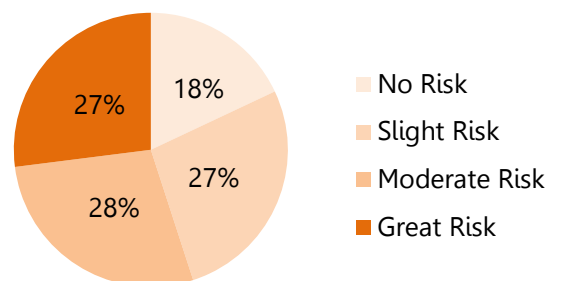
Smoke tobacco every day



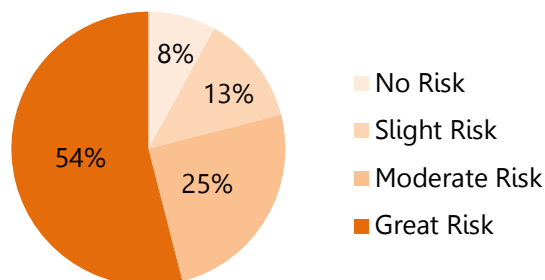
Use electronic vapor products every day



Smoke marijuana once or twice a week



Misuse prescription drugs



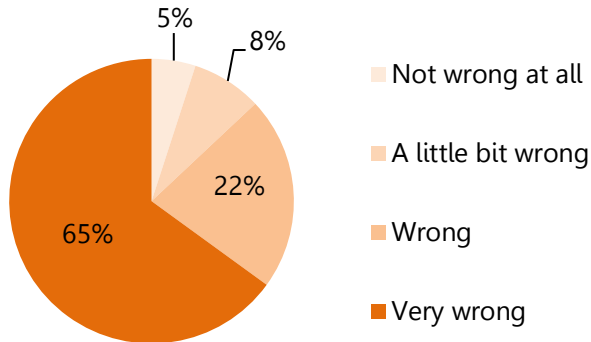
Perceived Great Risk of Substance Use

How much do you think people risk harming themselves if they:	Total	Male	Female	13 or younger	14-16 years old	17 or older
Have five or more alcoholic beverages once or twice a week	25%	21%	28%	24%	26%	23%
Smoke one or more pack of cigarettes per day	47%	46%	49%	49%	48%	42%
Use electronic vapor products every day	34%	35%	35%	34%	35%	32%
Smoke marijuana once or twice a week	27%	25%	29%	35%	26%	15%
Misuse prescription drugs	54%	52%	57%	53%	56%	51%

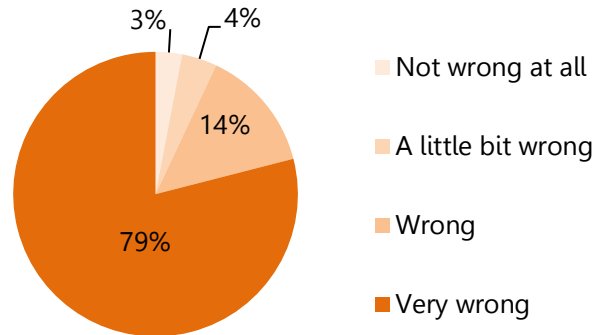
Surveyed Youth Perceptions of Degree of Disapproval by Parents

How wrong do your parents feel it would be for you to do the following:

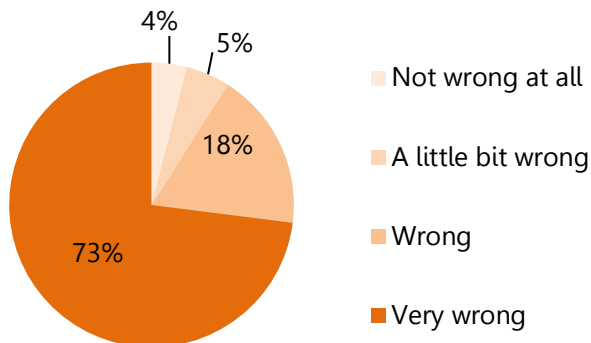
Have one or two drinks of an alcoholic beverage nearly every day



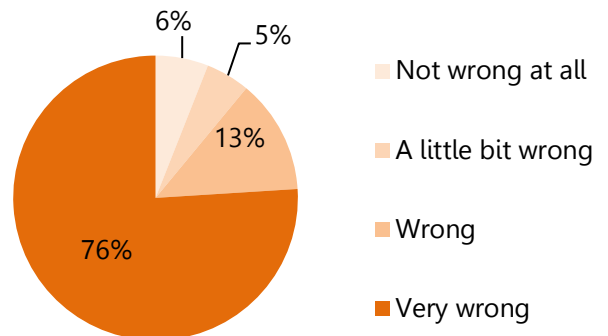
Smoke tobacco



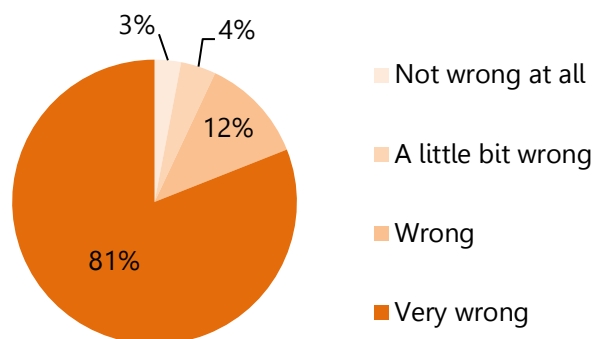
Use electronic vapor products



Smoke marijuana



Misuse prescription drugs



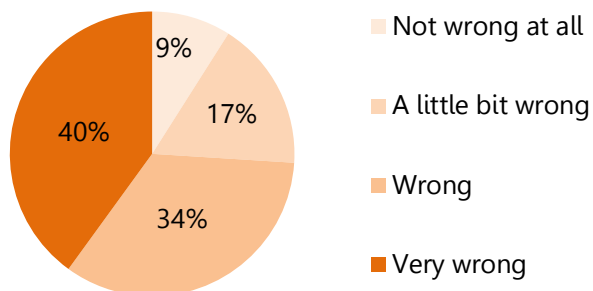
Perceived Degree of Great Disapproval by Parents

Parents feel it would be <u>very wrong</u> for you to do the following:	Total	Male	Female	13 or younger	14-16 years old	17 or older
Have one or two drinks of an alcoholic beverage nearly every day	65%	63%	69%	72%	65%	55%
Smoke tobacco	79%	77%	82%	84%	79%	69%
Use electronic vapor products	73%	74%	73%	76%	74%	66%
Smoke marijuana	76%	74%	78%	86%	75%	62%
Misuse prescription drugs	81%	81%	83%	74%	85%	83%

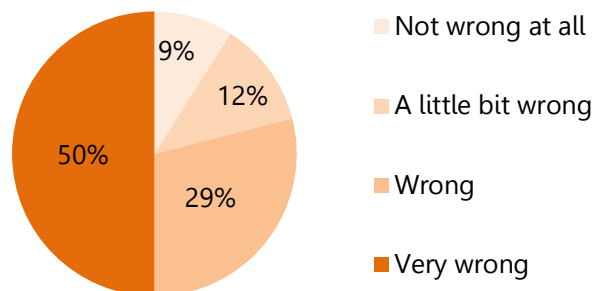
Surveyed Youth Perceptions of the Degree of Disapproval by Friends

How wrong do your friends feel it would be for you to do the following:

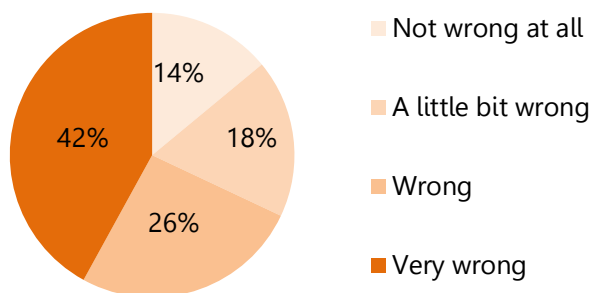
Have one or two drinks of an alcoholic beverage nearly every day



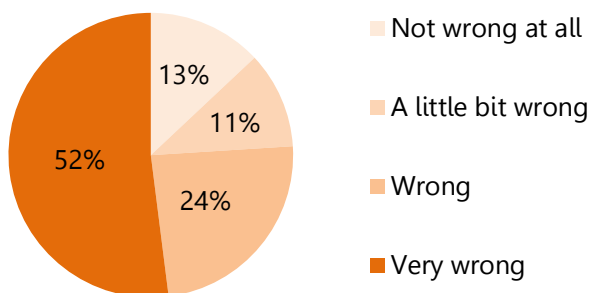
Smoke tobacco



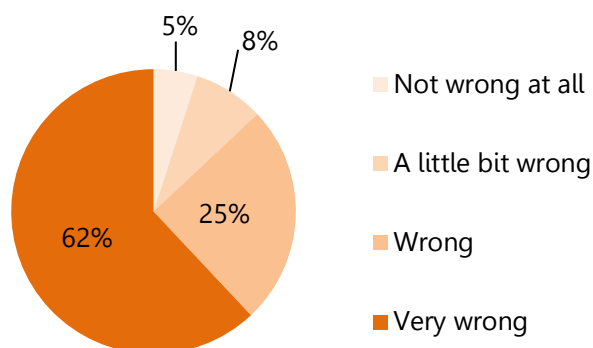
Use electronic vapor products



Smoke marijuana



Misuse prescription drugs



Perceived Degree of Great Disapproval by Friends

Friends feel it would be <u>very wrong</u> for you to do the following:	Total	Male	Female	13 or younger	14-16 years old	17 or older
Have one or two drinks of an alcoholic beverage nearly every day	40%	39%	40%	49%	38%	27%
Smoke tobacco	50%	50%	51%	59%	49%	40%
Use electronic vapor products	42%	45%	39%	50%	42%	28%
Smoke marijuana	52%	53%	52%	69%	50%	31%
Misuse prescription drugs	62%	59%	66%	64%	63%	56%



FOCUS GROUP QUALITATIVE DATA



Focus Group Qualitative Data

Introduction

In June 2023, the Kenton-Hardin Health Department conducted a focus group for Hardin County. Focus groups are useful to find a range of opinions across groups of people and are used to gain insight into community needs. The community health assessment incorporated a focus group to uncover attitudes and factors that influence health behaviors that cannot be fully captured through survey research. The interaction between focus group participants is an important dynamic. Participants can share their thoughts and opinions, and others have a chance to reflect on the statements, offer alternative ideas, or build upon other participants' ideas. The qualitative data collected in this focus group complements the quantitative data captured in the county health assessment survey. Qualitative data provides a deeper understanding as to why participants from the community feel and act a certain way, while quantitative data identifies the extent of a specific health issue.

Methods

PARTICIPANT RECRUITMENT

HCNO staff advised the Hardin County planning committee on recruitment methods for the focus group. The planning committee was responsible for identifying the population they wanted to learn more information from, as well as identifying possible participants for each focus group. The planning committee agreed to conduct one focus group among young adults, ages 19-29, in Hardin County. HCNO provided template recruitment flyers to use for advertising and recruitment. Strategies used to recruit participants included utilizing personal connections with organizations that served the populations of interest, advertising at locations that the populations frequently visited, and placing ads or announcements in the media. Potential participants were screened to ensure they lived in Hardin County, identified with the respective population of interest, and were English-speaking.

MODERATOR GUIDE

A semi-structured moderator guide was used for the study. Seven key questions were asked with additional probing questions throughout as the moderator felt necessary. The questions asked were related to health priorities, strengths and barriers of the community, social determinants of health, awareness of programs or services within the community, advice for health agencies, and health inequities.

PROCEDURE

The planning committee scheduled and secured the room for the focus group. The focus group had seven participants and lasted approximately an hour. As participants entered the site of the focus group, health department staff informed participants about the details of the study and verbally explained the informed consent forms. At the beginning of each focus group, participants were given time to read and sign the consent forms. During the focus group, there was one moderator and two notetakers. The notetakers' duties were to write down observations based on body language and other nonverbal activity of participants while the moderator kept participants engaged. Refreshments were provided by OhioHealth Hardin Memorial Hospital and after the focus group, all participants were offered a \$20 Walmart gift card as a thank-you for their travel and time. The moderator and notetakers had an informal debriefing of the discussions that occurred after the focus group.

ANALYSIS

The focus group was audio recorded using Microsoft Teams on a laptop and was shared with HCNO for transcription. During transcription, all personal identifiers were excluded from the document. Notes taken by the notetakers were incorporated into the final transcript. An HCNO staff member identified and consolidated themes from the focus group. HCNO staff members reviewed and came to a consensus regarding the themes from the focus group.

LIMITATIONS

As with any research method, there are limitations to consider for focus groups. First, although participants were carefully selected, there may have been selection bias that limited the ability to expand the findings to other populations within the county. Second, while the moderator is trained in facilitating and analyzing focus groups, bias could occur. Steps to limit bias in the findings included having a debriefing session after the focus group as well as having an external partner (HCNO) complete the analysis and report writing.

Overall Findings

Several themes emerged from the focus group in Hardin County. Participants identified mental health and awareness of resources as priorities that Hardin County should work to address. The focus group identified resources provided in schools and mental/behavioral health centers as strengths in Hardin County. The main social determinants of health discussed in the focus group included socioeconomic status, nutrition, and mental health. The group was aware of different programs throughout the county that aim to improve health but thought that programs need to be affordable and better promoted to increase community awareness and participation. Participants suggested marketing existing programs and services more effectively to increase awareness as well as making services more inclusive to increase community participation. Gender identity, sexual orientation, age, and location were discussed as contributors to health inequities in Hardin County.

Young Adult Focus Group Results

The focus group consisted of young adults (ages 19-29) who resided within Hardin County at the time the focus groups took place. The focus group was held at the Courthouse Annex Building, in the same building as the Kenton-Hardin Health Department and Job and Family Services, in a reserved meeting room.

Individual priorities

Participants identified the following as priority health topics Hardin County should work to address or prevent:

- **Mental Health:** Some participants felt that there is a need for more focus on mental health services in Hardin County. A participant mentioned that the topic of mental health has become less stigmatized with each new generation.

"If you're sick, you go to the ER or you can go to urgent care, but mentally if you walk into the ER and you're like, 'I'm just feeling overwhelmed' they're not going to take that seriously versus like a psychologists standpoint... you know what I mean? Just like having those resources available and making it easier to access."

- **Awareness of Resources:** Participants discussed how community members are not adequately informed of all the services that Hardin County has to offer.
- **Substance Use:** Participants felt that substance abuse is prevalent in Hardin County and needs to be addressed.

Strengths

Participants identified the following strengths in Hardin County surrounding health:

- **School Resources:** Participants mentioned the various services provided in local schools, including mental health and wellness programs, free vaccinations, and access to doctors who can prescribe medicine.

"I feel like we do a good job of reaching younger generations... There is so many more mental health issues coming out now... it's more to where I think that we reach the younger kids very helpful so that they know how to deal with it when they're older."

- **Mental Health Resources:** Some participants mentioned that the mental health services in Hardin County were better than services they had accessed in the past or in other counties. Participants specifically stated that Lighthouse Behavioral Health Solutions in Hardin County was helpful in accessing mental and behavioral health resources.

Social Determinants of Health

The following themes were identified by the group as factors that influence why some people may be healthier than others in Hardin County:

- *Socioeconomic Status:* Many participants expressed that individuals and families with lower incomes have less opportunity to engage in healthy behaviors. Participants acknowledged income can impact individuals' physical health, mental health, environmental health, social health, and other various factors.
- *Nutrition:* Participants discussed how there are limited options to access healthy affordable food in Hardin County. Individuals who do not have adequate transportation may have to rely on other options for food that are more prevalent but not as nutritious, such as fast food restaurants. Additionally, participants noted that parents do not seem to reinforce a healthy diet for their children like they were used to when they were younger. Participants suggested that access to healthy food in Hardin County could be improved by providing healthier options at food banks and in schools.

"Resources are a huge part of being healthy and it cannot just affect physical health but in the end if you can't afford healthy food and stuff, it can affect your mental health, every other health that you have."

- *Mental Health:* Participants discussed how individuals can have other health problems that are not as apparent, such as poor mental health, despite appearing physically healthy.

Awareness

Focus group participants were aware of the following services and resources within Hardin County that focused on improving health:

- *Mental Health:* Participants mentioned Lighthouse Behavioral Health Solutions as a resource in Hardin County for recovery and counseling services.
- *Fitness Centers:* Participants were aware of the local YMCA and Anytime Fitness as resources in Hardin County to engage in physical activity. Specifically at the YMCA, participants mentioned how having child care available is a benefit for parents who want to exercise.

"If you got your little kid, 1-2-3 year old, and they got a little play area there, you could go workout and then somebody is there to watch your 2-3 year old play while you're working out. So I think the YMCA is pretty cool."

- *Nutritional Programs:* The WIC program and free school lunches were mentioned by participants as valuable resources for children in Hardin County.

Barriers

Participants identified the following barriers to people accessing programs, services, or resources in Hardin County:

- *Lack of Awareness:* Participants mentioned that community members may be unaware of the resources that Hardin County has to offer. Suggested methods to increase awareness included advertising about services using flyers, billboards, and radio in public places.

"I feel like advertising is a big part as well because I think a lot of activities and programs that they have don't get as much participation because people don't know about them... not everybody listens to the radio but like, even just old fashioned flyers and stuff in buildings that people are in all the time just to advertise what's going on. I think that would be super helpful."

- *Cost:* The cost of programs, specifically gym memberships, was mentioned as a barrier among participants. Participants discussed a variety of ways to make exercise programs more affordable, such as gyms offering free/discounted gym passes, hosting community-organized exercise classes for free or for a lower price, and creating a fundraising system to support memberships for residents who are unable to afford gym passes on their own.

Advice

Participants suggested the following advice to overcome barriers and help community members live a healthier lifestyle:

- *Increase Engagement:* Although some participants appreciated the use of telehealth and other online tools, they also acknowledged that online services may not be accessible to all residents or sufficient to meet community members' needs. Participants suggested that in-person services are still needed in Hardin County to help ensure access to services for all community members, especially those who do not have internet access or who may not be comfortable using technology.

"There are a lot of people that can use the online resources, but just as far as reaching those who can't... I would hate to say that those who don't have those resources are probably more of the ones that need help... you might not have a computer at home but you still should be able to participate."

- *Promote Available Services:* Participants discussed how residents are oftentimes unaware of services that are available in Hardin County. A participant recommended a yearly resource fair, similar to a job fair, to help residents get connected to resources. Other ways to increase awareness included radio advertising and handing out flyers door-to-door.
- *Inclusive Services:* Participants stated that agencies need to understand the needs of Hardin County residents and ensure that the services they are providing are affordable. A participant mentioned that being more inclusive could reduce the stigma residents oftentimes face when asking for help.
- *Affordable Recreational Opportunities:* Participants discussed how the cost of certain resources in Hardin County prevents residents from being active. Participants recommended local gyms offer more incentives for new members, such as not requiring a down payment or giving a free period of membership. Additionally, a participant suggested the pool offer discounted passes for people who are unable to go due to cost.
- *Nutritional Access:* Participants mentioned farmers' markets and year-round free lunches for children as ways to improve residents' diets.

Health Inequities

Participants described the following as factors that influence community member's ability to access programs, services, or health care in Hardin County:

- *Discrimination:* Participants mentioned that residents in Hardin County are not as accepting of change, leading to judgement of individuals who may be different. However, participants also acknowledged that discrimination is a nationwide issue, not just specific to Hardin County. Participants stated they wanted to see a community more welcoming to everyone so that all community members feel comfortable accessing services in Hardin County. A participant mentioned that DEI (Diversity, Equity, and Inclusion) training could help community members become more accepting of different people.

"I just feel like a lot of people aren't informed so when you're not informed it's very easy to jump to conclusions to be judgmental because you don't necessarily know. If there was a way to keep all of the agencies informed of a subject like the LGBTQ. If you don't know, you could be offensive without even knowing. I just feel like if there was some kind of training or something they could do to prepare them to be inclusive, that way you don't unnecessarily hurt someone's feelings. 'Cus a lot of people I don't think, mean to do that, they just aren't necessarily informed or comfortable in the situations that they're in."

- *Gender Identity and Sexual Orientation:* A participant discussed how members of the LGBTQIA+ community may not feel safe accessing resources in various communities because they feel or perceive judgment from the public.
- *Age:* Participants stated that elderly community members tend to not be as comfortable using technology, preventing them from utilizing various services in Hardin County.
- *Location:* Being a rural area, a participant mentioned how it can be difficult to access health care due to having to travel a long distance.

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2022	<ul style="list-style-type: none"> 2022 Cancer Facts, Figures, and Estimates 	https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html
American Cancer Society, Colorectal Cancer Risk Factors	<ul style="list-style-type: none"> Colon and Rectum Cancers 	https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/risk-factors.html
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2017 - 2021 Adult Ohio and U.S. Correlating Statistics 2021 BRFSS Annual Report 	https://www.cdc.gov/brfss/index.html
CDC, Recommended Adult Immunization Schedule	<ul style="list-style-type: none"> Recommended Adult Immunization Schedule by Age Group 	https://www.cdc.gov/vaccines/schedule/s/hcp/imz/adult.html
CDC, Wonder, U.S.	<ul style="list-style-type: none"> About Underlying Cause of Death, 2018-2020 U.S. age-adjusted mortality rates 	http://wonder.cdc.gov/ucd-icd10.html
County Health Rankings	<ul style="list-style-type: none"> USDA Food Environment Atlas Hardin County, Ohio, and U.S. indicators 	http://www.countyhealthrankings.org
Hardin County Health Equity Report, 2023	<ul style="list-style-type: none"> Poverty, SNAP, Disability, Unemployment, Mortality, Insured Population, Housing Costs, and Travel Time data 	Contact any of the following: <ul style="list-style-type: none"> Katy Flinn (Accreditation Coordinator, Kenton-Hardin County Health Department) Mary Salimbene-Merriman (Epidemiologist Contractor, Union County Health Department) Joshua Moore (Epidemiologist Contractor, Union County Health Department)
Healthy People 2030: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> Access to Health Services All Healthy People 2030 Target Data Points Predictors of Access to Health Care Social Determinants of Health Some U.S. Baseline Statistics 	https://health.gov/healthypeople
National Association of County and City Health Officials	<ul style="list-style-type: none"> MAPP Process Overview 	https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-1-organize-for-success-partnership-development
Ohio Automated Rx Reporting System (OARRS)	<ul style="list-style-type: none"> Hardin County Number of Opiate and Pain Reliever Doses Per Patient Ohio Number of Opiate and Pain Reliever Doses Per Patient 	https://www.ohiopmp.gov/Reports.aspx

Source	Data Used	Website
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Incidence of Cancer 	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/StateLayoutLockdownCancers
	<ul style="list-style-type: none"> Leading Causes of Death & Mortality 	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
Ohio Department of Health, STD Surveillance Data	<ul style="list-style-type: none"> Hardin County and Ohio Chlamydia and Gonorrhea Disease Rates Hardin County Chlamydia and Gonorrhea Cases Hardin County HIV/AIDS Surveillance Program 	www.odh.ohio.gov/odhprograms/stdsurv/stdsur1.aspx
Ohio Department of Health, Violence and Injury Prevention	<ul style="list-style-type: none"> 2020 Ohio Drug Overdose Report 	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/2020+ohio+drug+overdose+report
Ohio Department of Health, Violence and Injury Prevention	<ul style="list-style-type: none"> 2020 Ohio Drug Overdose Report 	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/2020+ohio+drug+overdose+report
Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information 2022	<ul style="list-style-type: none"> Unemployment Rate 	https://ohiolmi.com/_docs/LAUS/ranking.pdf
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2021 Hardin County and Ohio Crash Facts 	https://ohtrafficdata.dps.ohio.gov/CrashStatistics/Home
Ohio Northern University, Healthwise	<ul style="list-style-type: none"> 2022 screening and COVID testing data 	N/A
U. S. Department of Commerce, Bureau of Economic Analysis	<ul style="list-style-type: none"> GDP & Personal Income 	https://apps.bea.gov/iTable/index_regional.cfm
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis, Civilian Labor Force Estimates	<ul style="list-style-type: none"> American Community Survey, 2020 	https://data.census.gov/cedsci/table?q=Warren%20county%20ohio&g=0500000US39057&tid=ACSDP5Y2020.DP05
	<ul style="list-style-type: none"> Bureau of Economic Analysis 	https://apps.bea.gov/iTable/index_regional.cfm
	<ul style="list-style-type: none"> Civilian Labor Force Estimates, Employment Statistics: County and State 	https://ohiolmi.com/portals/206/LAUS/OhioCivilianLaborForceEstimates.pdf
	<ul style="list-style-type: none"> Federal Poverty Threshold 	https://www.census.gov/data/datasets/2021/demo/saipe/2021-state-and-county.html
	<ul style="list-style-type: none"> Ohio and Hardin County 2020-2021 Census Demographic Information 	https://data.census.gov/cedsci/all?q=Warren%20county%20ohio&g=0500000US39057&hidePreview=false&table=DP05&tid=ACSDP1Y2018.DP05&vintage=2018&layer=county&cid=DP05_0001E&lastDisplayedRow=17
	<ul style="list-style-type: none"> Small Area Income and Poverty Estimates 	www.census.gov/programs-surveys/saipe/data/datasets.html

Appendix II: Acronyms and Terms

ACE	A dverse C hildhood E xperiences
AHS	A ccess to H ealth S ervices, Topic of Healthy People 2030 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	A rthritis, O steoporosis, and C hronic B ack C onditions
BMI	B ody M ass I ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	B ehavior R isk F actor S urveillance S ystem, an adult survey conducted by the CDC.
CDC	C enters for D isease C ontrol and P revention.
Current Drinker	Individual who has had at least 1 alcoholic beverage in the past 30 days
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
HCNO	H ospital C ouncil of N orthwest O hio
HDS	H ear D isease and S troke, Topic of Healthy People 2030 objectives
HP 2030	H ealthy P eople 2030 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
IID	I mmunizations and I nfectious D iseases, Topic of Healthy People 2030 objectives
N/A	Data is not available.
OHYES!	O hio H ealthy Y outh E nvironments S urvey
ODH	O hio D epartment of H ealth
OSHP	O hio S tate H ighway P atrol
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other. Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
Ohio SHA/SHIP	O hio S tate H ealth A ssessment/ S tate H ealth I mprovement P lan
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age
Youth Binge drinking	Consumption of five alcoholic beverages or more on one occasion

**Youth BMI
Classifications**

Underweight is defined as BMI-for-age \leq 5th percentile
Overweight is defined as BMI-for-age 85th percentile to $<$ 95th percentile.
Obese is defined as \geq 95th percentile.

YRBSS

Youth Risk Behavior Surveillance System, a youth survey conducted by the CDC

Appendix III: Methods for Weighting the 2022 Hardin County Health Assessment Data

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2022 Hardin County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Hardin County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (white, non-white), Age (8 different age categories), and income (6 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Hardin County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2022 Hardin County Survey and the 2021 Census estimates.

2022 Hardin County Survey			2021 Census Estimate		Weight
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	129	50.78740	15,313	49.81782	0.98091
Female	125	49.21260	15,425	50.18218	1.01970

In this example, it shows that there was a slightly larger portion of males in the sample compared to the actual portion in Hardin County. The weighting for males was calculated by taking the percent of males in Hardin County (based on Census information) (49.81782%) and dividing that by the percent found in the 2022 Hardin County sample (50.78740%) [$49.81782/50.78740 =$ weighting of 0.98091 for males]. The same was done for females [$50.18218/49.21260 =$ weighting of 1.01970 for females]. Thus males' responses are weighted less by a factor of 0.98091 and females' responses weighted greater by a factor of 1.01970.

This same thing was done for each of the 18 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 2.44683 [1.01970 (weight for females) \times 0.97734 (weight for White) \times 2.22948 (weight for age 35-44) \times 1.10124 (weight for income \$50-\$75k)]. Thus, each individual in the 2022 Hardin County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 29.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1. **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
3. **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
5. **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7. **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8. **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Hardin County Sample	%	Hardin County 2021 Census Estimate*	%	Weighting Value
Sex:					
Male	129	50.78740	15,313	49.81782	0.98091
Female	125	49.21260	15,425	50.18218	1.01970
Age:					
20-34	25	9.96016	6,447	29.19044	2.93072
35-44	17	6.77291	3,335	15.10006	2.22948
45-54	51	20.31873	3,559	16.11428	0.79308
55-59	26	10.35857	2,249	10.18292	0.98304
60-64	37	14.74104	1,606	7.27157	0.49329
65-74	62	24.70120	2,934	13.28443	0.53781
75-84	30	11.95219	1,265	5.72761	0.47921
85+	3	1.19522	691	3.12868	2.61766
Race:					
White	246	96.09375	28,868	93.91633	0.97734
Non-White	10	3.90625	1,870	6.08367	1.55742
Household Income:					
Less than \$25,000	46	19.91342	2,487	21.51943	1.08065
\$25k-\$35k	29	12.55411	1,274	11.02362	0.87809
\$35k-\$50k	30	12.98701	1,732	14.98659	1.15397
\$50k-\$75k	42	18.18182	2,314	20.02250	1.10124
\$75k-\$100k	26	11.25541	1,455	12.58977	1.11855
\$100k-\$150	44	19.04762	1,641	14.19919	0.74546
\$150k or more	14	6.06061	654	5.65891	0.93372

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Hardin County in each subcategory by the proportion of the sample in the Hardin County survey for that same category.

* Hardin County population figures taken from the 2021 Census estimates.

Appendix IV: Hardin County Sample Demographic Profile*

Variable	2022 Hardin County Adult Survey Sample*	Hardin County Census 2021 (5-year estimate)	Ohio Census 2021 (1-year estimate)
Age			
20-29	5.4%	16%	12.8%
30-39	5.4%	8.8%	12.9%
40-49	12.4%	12.6%	11.9%
50-59	22.9%	13.2%	12.8%
60 plus	51.2%	21.1%	24.8%
Race/Ethnicity			
White	95.3%	96.8%	83.4%
Black or African American	0%	1.7%	14.3%
American Indian and Alaska Native	0.4%	0.7%	1.6%
Asian	0%	1%	3.1%
Other	3.5%	1.8%	4.4%
Hispanic Origin (may be of any race)	0%	2%	4.3%
Education†			
Less than High School Diploma	3.1%	9.5%	8.2%
High School Diploma	37.2%	49.6%	32.8%
Some college/ College graduate	58.5%	40.8%	58.9%
Income (Families)			
Less than \$25,000	17.9%	13.7%	11.2%
\$25,000 to \$49,999	22.8%	23.6%	17.1%
\$50,000 to \$74,999	16.3%	20.6%	17.8%
\$75,000 or \$99,999	10.1%	15.8%	15.7%
\$100,000 to \$149,999	17.1%	18.6%	20.2%
\$150,000 or more	5.4%	7.5%	18.1%

* The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).

† The Ohio and Hardin County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

Appendix V: Hardin County Adult Sample - Zip Code

Zip Code	Number of completed surveys	% of total completed surveys
43306	1	0.4
43310	5	2.0
43326	120	47.6
43340	3	1.2
43345	4	1.6
43346	4	1.6
43347	1	0.4
45543	1	0.4
45801	2	0.8
45810	66	26.2
45812	17	6.7
45835	4	1.6
45836	15	6.0
45843	2	0.8
45850	1	0.4
45859	5	2.0
49017	1	0.4
Total	252	100%

Appendix VI: School Participation

The following school districts agreed to participate in the 2022 Ohio Health Youth Environments Survey.

Hardin Northern Local Schools

Kenton City Schools

Ridgemont Local Schools

Upper Scioto Valley Schools

Appendix VII: Demographics and Household Information

HARDIN COUNTY PROFILE

2021 ACS 5-year estimates
(Source: U.S. Census Bureau, 2021)

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2021 Total Population	30,738	100%
Largest City – Kenton City		
2021 Total Population	7,951	100%
Population by Race/Ethnicity*		
Total Population	30,738	100%
White	29,768	96.8%
Asian	319	1.0%
Black or African American	537	1.7%
Hispanic or Latino (of any race)	611	2.0%
Two or more races	684	2.2%
Some other race	329	1.1%
American Indian and Alaska Native	217	0.7%
<i>*Race alone or in combination with one or more races.</i>		
Population by Age		
Total Population	30,738	100%
Under 5 years	1,749	5.7%
5 to 14 years	3,882	12.6%
15 to 24 years	6,322	20.5%
25 to 44 years	6,481	21.0%
45 to 64 years	7,414	24.1%
65 years and more	4,890	15.8%
Median age (years)	36.1	N/A
Household by Type		
Total households	11,557	100%
Total families	7,691	66.5%
Households with one or more people <18 years	3,490	30.2%
Married-couple family household	5,906	51.1%
Married-couple family household with one or more people <18 years	2,066	17.9%
Female householder, no spouse present	1,078	9.3%
Female householder, no spouse present with one or more people <18 years	7,605	65.8%
Nonfamily household	3,866	33.5%
Nonfamily household living alone	3,209	83.0%
Nonfamily household 65 years and >	1,399	36.2%
Households with one or more people <18 years	N/A	30.2%
Households with one or more people 60 years and >	N/A	39.3%
Average household size	2.46 people	N/A
Average family size	3.01 people	N/A

General Demographic Characteristics, Continued

	Number	Percent (%)
<i>Housing Occupancy</i>		
Median value of owner-occupied units	\$114,600	N/A
Median monthly owner costs for housing units with a mortgage	\$1,106	N/A
Median monthly owner costs for housing units without a mortgage	\$408	N/A
Median value of occupied units paying rent	\$710	N/A
Total occupied housing units	11,557	N/A
No telephone service available	342	3.0%
Lacking complete kitchen facilities	248	2.1%
Lacking complete plumbing facilities	240	2.1%
<i>Language Spoken at Home</i>		
Total Population	30,738	100%
Population 5 years and over	28,989	94.3%
Speak only English	26,967	93.0%
Speak a language other than English	2,022	7.0%
Spanish	434	1.5%
Other Indo-European languages	1,216	4.2%
Asian and Pacific Island languages	143	0.5%
Other languages	229	0.8%

Selected Social Characteristics

	Number	Percent (%)
<i>School Enrollment</i>		
Population 3 years and over enrolled in school	8,500	N/A
Nursery & preschool	334	3.9%
Kindergarten	482	5.7%
Elementary School (Grades 1-8)	2,996	35.2%
High School (Grades 9-12)	1,403	16.5%
College or Graduate School	2,953	34.7%
<i>Educational Attainment</i>		
Population 25 years and over	18,785	N/A
< 9 th grade education	659	3.5%
9 th to 12 th grade, no diploma	1,134	6.0%
High school graduate (includes equivalency)	9,325	49.6%
Some college, no degree	3,206	17.1%
Associate degree	1,372	7.3%
Bachelor's degree	1,883	10.0%
Graduate or professional degree	1,206	6.4%
Percent high school graduate or higher	16,992	90.5%
Percent Bachelor's degree or higher	3,089	16.4%

Selected Social Characteristics, Continued

	Number	Percent (%)
<i>Marital Status</i>		
Population 15 years and over	25,107	N/A
Never married	N/A	32.8%
Now married, excluding separated	N/A	49.3%
Separated	N/A	1.6%
Widowed	N/A	6.1%
Widowed females	N/A	9.2%
Divorced	N/A	10.2%
Divorced females	N/A	9.5%
<i>Veteran Status</i>		
Civilian population 18 years and over	23,829	N/A
Veterans 18 years and over	1,707	7.2%
<i>Disability Status of the Civilian Non-Institutionalized Population</i>		
Total civilian noninstitutionalized population	30,561	100%
Civilian with a disability	4,452	14.6%
Under 18 years	6,909	22.6%
Under 18 years with a disability	311	6.1%
18-to-64 years	18,873	61.8%
18-to-64 years with a disability	2,376	24.0%
65 Years and over	4,779	15.6%
65 Years and over with a disability	1,765	81.2%

Selected Economic Characteristics

	Number	Percent (%)
<i>Employment Status</i>		
Population 16 years and over	24,734	100%
16 years and over in labor force	14,606	59.1%
16 years and over not in labor force	10,128	40.9%
Females 16 years and over	12,552	50.7%
Females 16 years and over in labor force	6,801	54.2%
Population living with own children <6 years	1,939	7.8%
All parents in family in labor force	2,538	58.9%
<i>Class of Worker</i>		
Civilian employed population 16 years and over	13,915	100%
Private wage and salary workers	10,546	75.8%
Government workers	2,139	15.4%
Self-employed in own not incorporated business workers	1,046	7.5%
Unpaid family workers	184	1.3%
<i>Occupations</i>		
Employed civilian population 16 years and over	13,915	100%
Management, business, science, and arts occupations	3,813	27.4%
Service occupations	2,297	16.5%
Sales and office occupations	2,720	19.5%
Natural resources, construction, and maintenance occupations	1,470	10.6%
Production, transportation, and material moving occupations	3,615	26.0%
<i>Leading Industries</i>		
Employed civilian population 16 years and over	13,915	N/A
Agriculture, forestry, fishing and hunting, and mining	400	2.9%

Selected Economic Characteristics, Continued

	Number	Percent (%)
<i>Leading Industries, continued</i>		
Construction	835	6.0%
Manufacturing	3,567	25.6%
Wholesale trade	116	0.8%
Retail trade	1,463	10.5%
Transportation and warehousing, and utilities	725	5.2%
Information	129	0.9%
Finance and insurance, and real estate and rental and leasing	577	4.1%
Professional, scientific, and management, and administrative and waste management services	835	6.0%
Educational services, and health care and social assistance	2,774	19.9%
Arts, entertainment, and recreation, and accommodation and food services	1,265	9.1%
Other services, except public administration	499	3.6%
Public administration	730	5.2%
<i>Income and Benefits in 2021*</i>		
Households	11,557	100%
< \$10,000	888	7.7%
\$10,000 to \$14,999	404	3.5%
\$15,000 to \$24,999	1,195	10.3%
\$25,000 to \$34,999	1,274	11.0%
\$35,000 to \$49,999	1,732	15.0%
\$50,000 to \$74,999	2,314	20.0%
\$75,000 to \$99,999	1,455	12.6%
\$100,000 to \$149,999	1,641	14.2%
\$150,000 to \$199,999	371	3.2%
\$200,000 or more	283	2.4%
Median household income	\$52,112	N/A
<i>Income and Benefits in 2021*</i>		
Families	7,691	100%
< \$10,000	435	4.9%
\$10,000 to \$14,999	144	2.2%
\$15,000 to \$24,999	470	6.2%
\$25,000 to \$34,999	579	9.1%
\$35,000 to \$49,999	1,242	16.6%
\$50,000 to \$74,999	1,588	21.6%
\$75,000 to \$99,999	1,219	14.4%
\$100,000 to \$149,999	1,434	20.3%
\$150,000 to \$199,999	354	3.1%
\$200,000 or more	226	1.7%
Median family income	\$64,881	N/A
Per capita income in 2020	\$25,057	N/A
<i>*In 2021 inflation-adjusted dollars</i>		
<i>Poverty Status in 2021</i>		
Families	N/A	12.6%
All People	N/A	17.8%

(Source: U.S. Census Bureau, 2021)

Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2021	\$40,636	87 th of 88 counties
BEA Per Capita Personal Income 2020	\$37,515	87 th of 88 counties
BEA Per Capita Personal Income 2019	\$33,937	87 th of 88 counties
BEA Per Capita Personal Income 2018	\$33,508	87 th of 88 counties
BEA Per Capita Personal Income 2017	\$31,937	87 th of 88 counties

(BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things)

(Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm)

Employment Statistics

Category	Hardin County	Ohio
Labor Force	12,100	5,852,700
Employed	11,600	5,651,700
Unemployed	500	201,000
Unemployment Rate* in June 2023	4.3	3.8
Unemployment Rate* in July 2023	4.0	3.4
Unemployment Rate* in June 2022	5.0	4.3

*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, August 2023, https://ohiolmi.com/_docs/LAUS/OhioCivilianLaborForceEstimates.pdf)

Estimated Poverty Status in 2021

Age Groups	Number	90% Lower Confidence Interval	90% Upper Confidence Interval	Percent	90% Lower Confidence Interval	90% Upper Confidence Interval
Hardin County						
All ages in poverty	4,853	4,022	5,684	16.9%	14.0	19.8
Ages 0-17 in poverty	1,727	1,418	2,036	24.5%	20.1	28.9
Ages 5-17 in families in poverty	1,108	870	1,346	21.6%	17.0	26.2
Median household income	\$53,940	\$48,257	\$59,623			
Ohio						
All ages in poverty	1,523,366	1,498,525	1,548,207	13.3%	13.1	13.5
Ages 0-17 in poverty	464,430	451,117	477,743	18.2%	17.7	18.7
Ages 5-17 in families in poverty	319,011	307,948	330,074	16.9%	16.3	17.5
Median household income	\$62,286	\$61,832	\$62,740			
United States						
All ages in poverty	41,393,176	41,149,497	41,636,855	12.8%	12.7	12.9
Ages 0-17 in poverty	12,243,219	12,110,180	12,110,180	16.9%	16.7	17.1
Ages 5-17 in families in poverty	8,636,275	8,533,254	8,739,296	16.1%	15.9	16.3
Median household income	\$69,717	\$69,583	\$69,851			

(Source: U.S. Census Bureau, 2021 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2021/demo/saie/2021-state-and-county.html>)

Federal Poverty Thresholds in 2022 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$15,225					
1 Person 65 and >	\$14,036					
2 people Householder < 65 years	\$19,597	\$20,172				
2 People Householder 65 and >	\$17,689	\$20,095				
3 People	\$22,892	\$23,556	\$23,578			
4 People	\$30,186	\$30,679	\$29,678	\$29,782		
5 People	\$36,402	\$36,932	\$35,801	\$34,926	\$34,391	
6 People	\$41,869	\$42,035	\$41,169	\$40,339	\$39,104	\$38,373
7 People	\$48,176	\$48,477	\$47,440	\$46,717	\$45,371	\$43,800
8 People	\$53,881	\$54,357	\$53,378	\$52,521	\$51,304	\$49,760
9 People or >	\$64,815	\$65,129	\$64,263	\$63,536	\$62,342	\$60,699

(Source: U. S. Census Bureau, Poverty Thresholds 2021, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>)

Appendix VIII: County Health Rankings

	Hardin County 2023	Ohio 2023	U.S. 2023
Health Outcomes			
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2018-2020)	8,700	8,700	7,300
Poor or fair health - Percentage of adults reporting fair or poor health (age-adjusted) (2020)	16%	15%	12%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2020)	3.6	3.2	3.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2020)	5.1	5.0	4.4
Low birthweight - Percentage of live births with low birthweight (< 2500 grams) (2014-2020)	7%	9%	8%
Health Behaviors			
Adult smoking - Percentage of adults who are current smokers (age-adjusted) (2020)	25%	20%	16%
Adult obesity - Percentage of the adult population (age 18 and older) that report a BMI of 30 or more (age-adjusted) (2020)	37%	36%	32%
Food environment index - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2019 & 2020)	7.7	6.8	7.0
Physical inactivity - Percentage of adults aged 18 and over reporting no leisure-time physical activity (2020)	29%	24%	22%
Access to exercise opportunities - Percentage of population with adequate access to locations for physical activity (2022 & 2020)	56%	84%	84%
Excessive drinking - Percentage of adults reporting binge or heavy drinking (2020)	19%	19%	19%
Alcohol-impaired driving deaths - Percentage of driving deaths with alcohol involvement (2016-2020)	27%	33%	27%
Sexually transmitted infections - Number of newly diagnosed chlamydia cases per 100,000 population (2020)	299.7	509.2	481.3
Teen births - Teen birth rate per 1,000 female population, ages 15-19 (2014-2020)	22	21	19

(Source: 2023 County Health Rankings for Hardin County, Ohio, and U.S. data)

	Hardin County 2023	Ohio 2023	U.S 2023
Clinical Care			
Uninsured - Percentage of population under age 65 without health insurance (2020)	11%	8%	10%
Primary care physicians - Ratio of population to primary care physicians (2020)	3,500:1	1,290:1	1,310:1
Dentists - Ratio of population to dentists (2021)	6,120:1	1,550:1	1,380:1
Mental health providers - Ratio of population to mental health providers (2022)	1,700:1	330:1	340:1
Preventable hospital stays - Number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees (2020)	3,017	3,278	2,809
Mammography screening - Percentage of female Medicare enrollees ages 65-74 that receive mammography screening (2020)	34%	40%	37%
Flu vaccinations - Percentage of Medicare enrollees that had an annual flu vaccination (2020)	49%	53%	51%
Social and Economic Environment			
High school completion - Percentage of ninth-grade cohort that graduates in four years (2017-2021)	90%	91%	89%
Some college - Percentage of adults ages 25-44 years with some post-secondary education (2017-2021)	45%	66%	67%
Unemployment - Percentage of population ages 16 and older unemployed but seeking work (2021)	5.2%	5.1%	5.4%
Children in poverty - Percentage of children under age 18 in poverty (2021)	25%	18%	17%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile (2017-2021)	4.2	4.6	4.9
Children in single-parent households - Percentage of children that live in a household headed by single parent (2017-2021)	23%	27%	25%
Social associations - Number of membership associations per 10,000 population (2020)	13.3	10.8	9.1
Injury deaths - Number of deaths due to injury per 100,000 population (2016-2020)	86	96	76

(Source: 2023 County Health Rankings for Hardin County, Ohio, and U.S. data)

	Hardin County 2023	Ohio 2023	U.S. 2023
Physical Environment			
Air pollution – particulate matter - Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)	8.9	8.9	7.4
Drinking water violations - Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2021)	No	N/A	N/A
Severe housing problems - Percentage of households with at least 1-of-4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2015-2019)	11%	13%	17%
Driving alone to work - Percentage of the workforce that drives alone to work (2017-2021)	81%	80%	73%
Long commute – driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2017-2021)	35%	31%	37%

(Source: 2023 County Health Rankings for Hardin County, Ohio, and U.S. data)

N/A – Not available

Appendix IX: Community Stakeholder Perceptions

1. What surprised you the most? (n=7)

- Nothing (2)
- The obese/overweight rate for Hardin County (2)
- The degree to which anyone puts faith in the OHYES! data for anything
- The average number of days that mental health was not good in the past 30 days = 6.2
- What surprised me was the percentage of youth that reported the ACEs that they had experienced and the percentages of each of the ACEs reported like how many received physical and/or verbal abuse, how many lived with someone with an alcohol or drug problem, and how many lived with someone with a mental health concern or was suicidal. It was also sad to see the adult ACE percentages too. It is sad that 10% used electronic tobacco products, but good that it decreased from 2018. It is sad that over a third of youth felt so sad or hopeless almost every day for two weeks that they had stopped doing usual activities. It is also sad that 14% of youth had seriously contemplated suicide and that 7% had attempted suicide. We have heard though that unfortunately the above issues are affecting youth nationwide.
- Social determinants of health. I thought with the high cost of medicine and out of pocket cost the numbers would have been higher for older adults.

2. What would you like to see covered in the Community Health Needs Assessment next time? (n=7)

- I feel like it's all covered (2)
- Much better numbers on youth behavior gathered at the local level
- Determine if it would be possible to include summaries of the outcomes from the last Community Health Improvement Plan in the analysis of secondary data or as a separate section towards the end (Appendix). This will help the community stakeholders determine what the Hardin County community has done in the past 3-5 years in addressing the prioritized health needs.
- Youth bullying
- Hopefully data in the next CHA will show that our county's health is improving in all areas. The number of people of all backgrounds participating in the adult questionnaire and youth survey continue to increase. What things are common to see in other counties' CHAs that aren't in ours?
- ALICE (Asset Limited Income Constrained, Employed)

3. What will you or your organization do with this data? (n=7)

- Use this data as an eye opener for our youth and adults in the Ada community.
- Nothing
- The Hardin County Community Health Assessment serves as valuable information for our hospital's Community Health Needs Assessment report. The primary data collected from surveys are very relevant in creating programs and strategies to address priority health care needs.
- Help determine where there are gaps in services.
- Work with our staff and community partners to create our county's new Community Health Improvement Plan, and use the new plan to try to help improve our county's health. Our new CHA and CHIP may be used in future documentation provided to The Public Health Accreditation Board.
- We will use it to help our patients.
- Study to explore the needs of community and best way the organization can address those needs in relationship with housing.

4. Based on the Community Health Needs Assessment, what health topics do you see as the most important? Please list 2 or more choices. (n=6)

- Mental health (5)
- Drug use (2)
- Prescription drug abuse
- Substance Use Prevention/Recovery for both adults and youth
- Smoking
- Mental health and addiction (especially among teens, youth, and young adults)
- Access to care
- Healthcare affordability related to those under 30
- Chronic diseases
- Social determinants of health
- To prevent/reduce ACEs in youth and children
- To reduce obesity in adults, youth, and children
- Youth

5. Are there any groups or agencies you think would be valuable resources or partners to work towards the above health issues you identified? (n=7)

- No (2)
- Coleman Health Services (2)
- Work more closely with folks at ONU regarding local data for substance abuse, especially in the youth.
- I suggest that we utilize the existing partners. It is best to have an Excel file on partners and representatives from each organization who attend the Community Health Assessment meetings and determine their programs and services that could be tapped in the Community Health Improvement Plan.
- Family Resource Center (2)
- Specialized Alternatives for Families and Youth
- WINGS Support and Recovery
- Board of Developmental Disabilities
- Child Protective Services
- OhioHealth Hardin Memorial Hospital
- Ohio Northern University Pharmacy, Nursing, and Social Sciences departments
- Mental Health and Recovery Services
- Prevention Awareness Support Services
- Lighthouse Behavioral Health Solutions
- Schools
- Heartbeat of Hardin County
- Job and Family Services
- Family and Children First Council
- Churches
- Hardin County Health Lifestyles Coalition
- Hardin County YMCA
- I think a collaboration between organizations and network of regular meetings to keep each other up to date and build relationships of what is available. Agencies can call each other when referring a client. Many people are too proud to ask for help and even harder when a person needs to tell the situation numerous times to find the correct assistance. Many times in speaking with the client there is more than one issue that is in the needs.

6. What are some barriers people may face regarding the issues you identified? (n=7)

- Lack of awareness of financial and medical assistance
- Unknown
- I don't see barriers. However, I suggest that the health department provide regular updates through newsletters or public statements on how the County is doing with addressing the needs. The health department may also provide quarterly updates on how the activities are going. This will enable the Hardin CHA and Implementation Strategy to be a useful tool for the health department and Hardin County.
- Education
- Knowledge of what services there are in the community
- Stigma
- Shortage of Mental Health and Substance Use Treatment/Recovery staff.
- Limited funding to provide Mental Health and Substance Use Prevention/Treatment/Recovery services and resources. People who need Mental Health or Substance Treatment/Recovery may feel scared and/or embarrassed when thinking about and trying to decide if they will ask for help. They may feel like they will be judged, may feel incompetent. They may be scared that they may get arrested if they are found with illegal substances.
- Limited transportation to get to and from appts.
- Limited funds/benefits to purchase healthy food, limited access to places that sell or give away healthy food. Limited transportation to get healthy food.
- Pride, lack of knowledge on available help.
- They tend to be the same issues.

7. In your opinion, what is the best way to communicate the information from the Community Health Needs Assessment to the rest of the public? (n=7)

- Social media (4)
- Kenton Times/Newspaper (3)
- Newsletters (e.g., Hardin County Chamber and Business Alliance newsletter or meeting with their partners) (2)
- A link that is sent out to the public.
- Create executive summaries that are 1-2 pages that are easy to understand and present findings to various nonprofit and government organizations or church and community groups.
- Publish in the health department website that are being achieved or accomplished from stakeholder engagement.
- Town hall meetings
- Flyers passed around the county.
- The more costly option is direct mailings to residents but would at least reach everyone. They may not read but it gives everyone the opportunity.

8. Other comments or concerns: (n=3)

- Not a fan of OHYES! In general. Not particularly useful information.
- Thank you for the opportunity to provide feedback and suggestions. Best wishes
- Thanks to Hospital Council staff for their hard work on our new CHA, and in advance for their hard work with helping us create our new CHIP. Thanks to KHHD staff and community partners for participating in the new CHA process, and advance for participating in our new CHIP process.